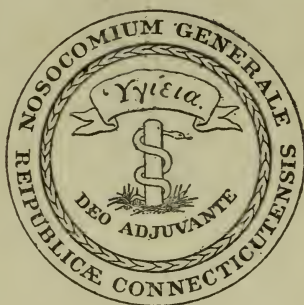




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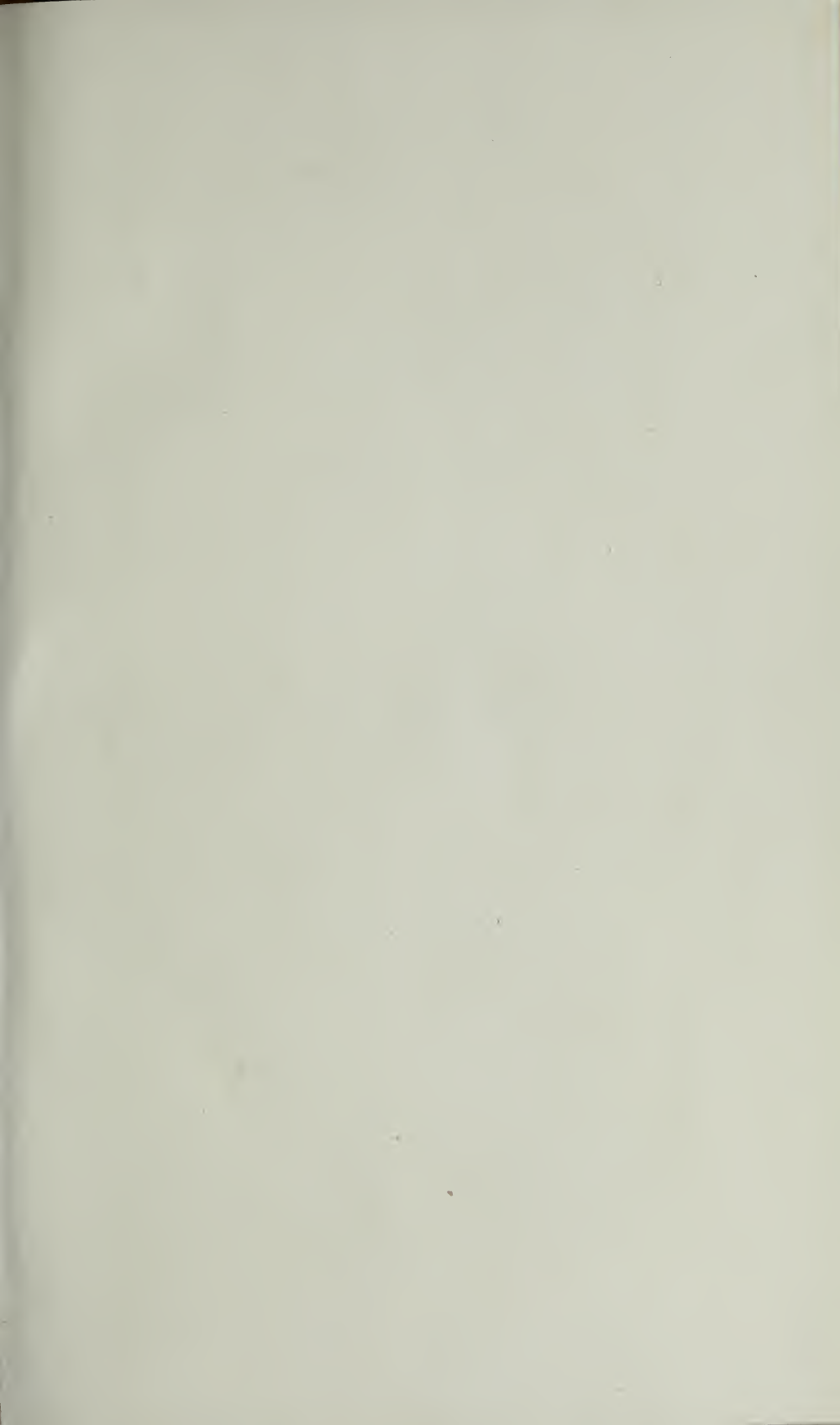
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EDITED BY J. V. C. SMITH, M.D.

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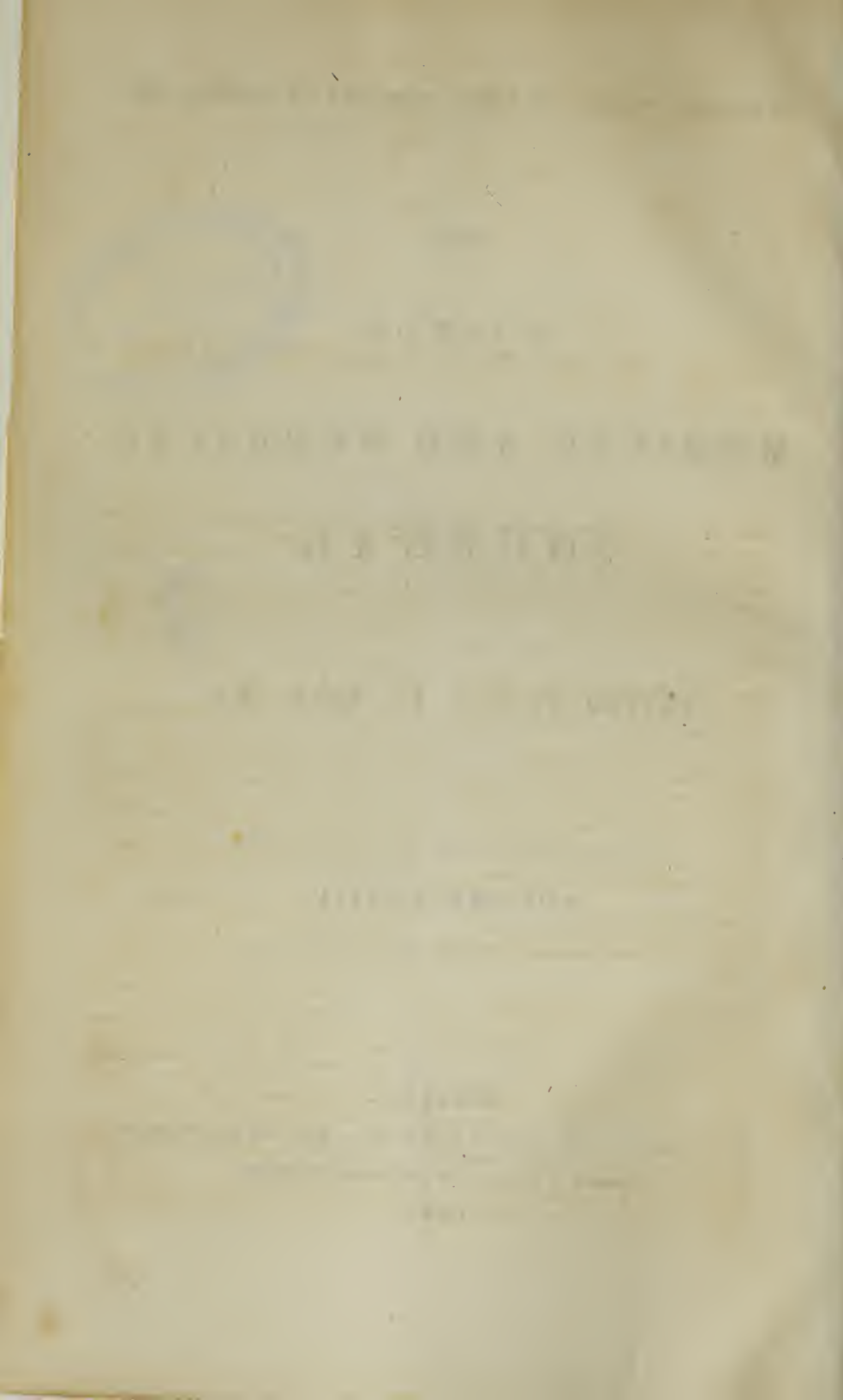
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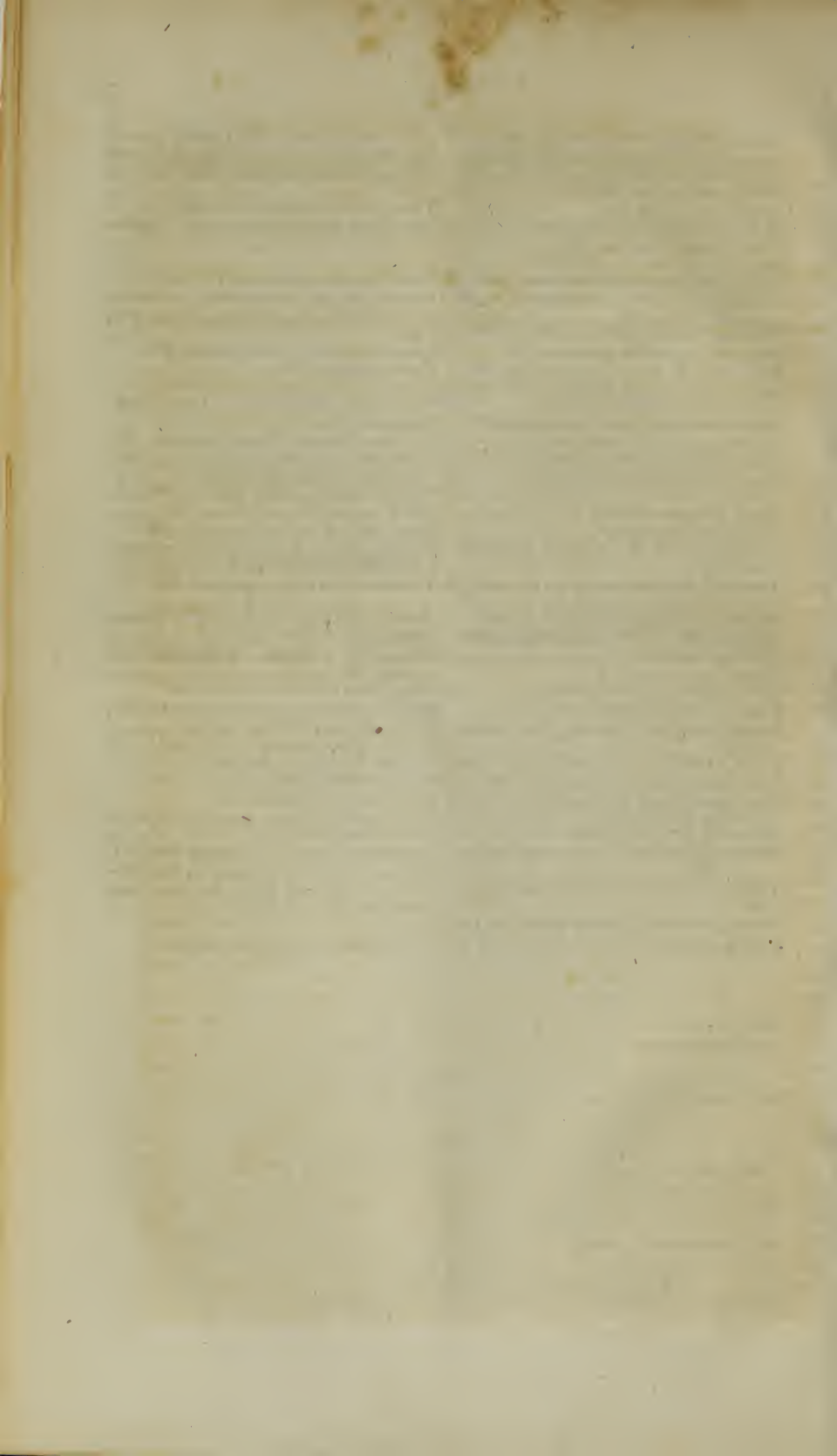
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THE

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VOL. XXVIII.

WEDNESDAY, FEBRUARY 8, 1843.

No. 1.

ENLARGED CERVICAL GLANDS—SPASM OF THE GLOTTIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—A few months since, I noticed some criticisms in your Journal, on a paper of mine published in the American Journal of the Medical Sciences, on the thymus gland, with particular reference to the subject of thymic asthma, or spasm of the glottis. In my communication I thought proper to call in question the supposed influence of hypertrophy of this organ, in producing the above disease, or any affection of an analogous character. I, however, distinctly stated that such affections might be caused by enlarged cervical glands, as maintained by the late Hugh Ley, in his work on *Laryngismus Stridulus*, and I have lately attended a case which fully proves such to be the fact.

The case was that of a boy five years of age, who had been subject to a convulsive, paroxysmal cough for nearly two years; with the exception of which, his health was apparently good. In July, 1841, he had the measles, after which his cough was more frequent and troublesome than before. For several months he had been in the habit of starting up, frightened in his sleep, and screaming out, and latterly this had increased upon him. During the first week in January of the present year, he became unwell, was restless and feverish at night, the skin became hotter than natural, and the pulse frequent, respiration hurried and rather laborious, and these symptoms increased, in spite of medical treatment, together with the cough, which, at times, seemed to threaten suffocation. He continued on thus for a week, perhaps, when the respiration became so difficult, that he had to be kept in a perpendicular position all the time. The moment he lay down, a fit of coughing and choking succeeded, which would last for several minutes. The same occurred when there was any smoke or dust in the room. At length severe fits of spasm of the glottis came on, attended with the peculiar crowing inspiration, together with the other distressing symptoms accompanying this affection. These would last about half an hour, during which the patient seemed in imminent danger of suffocation. The symptoms during these paroxysms are well described by Mr. Fletcher, as follows: "The patient, when first seized with spasm of the glottis, starts up suddenly, tossing his arms in wild affright; an expression of terror sits upon his countenance; the eyebrows are raised over balls that are starting from their sockets; the shoulders rise and fall, as with an open mouth and incredible exertions,



air is drawn through the nearly obstructed tube with a singular and alarming sound : not a word is uttered."

The last paroxysm continued about three hours, during which my patient breathed his last ; being perfectly rational up to the last moment.

*Autopsy.*—On each side of the larynx, opposite the lower portion of the thyroid cartilage, there was found an enlarged cervical gland, dense and hard, of the size of a chesnut, pressing directly upon the recurrent branch of the par vagum. The gland affected was one of the glandulæ concatenatæ, lying at the side of the trachea, and some of which are found between the trachea and œsophagus. The mucous membrane lining the larynx, was considerably congested, and the portion which covers the sides of the glottis was softened and relaxed to that degree, that during inspiration I have no doubt it was drawn directly into the *rima glottidis*, obstructing the admission of air into the lungs.

These were all the morbid appearances observed, except the dark color of the blood, and congestion of the brain and lungs, which we should expect to meet with in cases of death by asphyxia.

*Remarks.*—I view the above case as one of some importance, as it establishes the fact, that "Spasm of the Glottis," or "Laryngismus Stridulus," may be caused by enlarged cervical glands. The error of Ley consists in not admitting that the disease may be occasioned by other sources of irritation. This palpable error has led physicians to deny that there was any truth whatever in Ley's theory. This case also demonstrates that those pathologists equally err, who attribute this affection invariably to enlargement of the thymus gland, or teething. I have conceded, in the paper already alluded to, the occasional efficiency of these causes, as well as gastric and cerebral irritation, in producing the disease in question. What I maintain is, that irritation, wherever set up, in children, is apt to be reflected upon the respiratory organs, and particularly upon the glottis ; and hypertrophy of the thymus is generally the *effect*, and not the *cause*, of lesions, both of the respiratory and circulatory systems. Such can be demonstrated to be the necessary result of such a pathological condition of these organs.

Should I have another case similar to the above, I should resort to tracheotomy, as a measure likely to prove successful ; at any rate, as the only means which would seem to furnish the least chance of safety to the patient. Of course it is not to be thought of in ordinary cases, nor in any case until other means of treatment have proved unavailing.

*New York, Jan. 19, 1843.*

CHARLES A. LEE, M.D.

P. S. As a circumstance perhaps throwing some light upon the present litigated subject of *animal heat*, I may mention that during the fits of suffocation, and especially the last, which continued three hours, the patient often complained of *being cold*, and it was impossible to warm him so as to satisfy him.

## HOT AIR AND SULPHUR FUME BATHS IN CUTANEOUS DISEASES.

BY SILAS DURKEE, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

## CASES OF LICHEN.

CASE I.—Mrs. G., aged 35, of sanguine, bilious temperament, had been troubled for several months with an inflammatory papular eruption upon different portions of the skin. The regions affected when her case came under my notice were, the outer aspect of the middle third of the left arm, and a few small patches upon the trunk of the body and upon the lower limbs. The arm was the worst. The papulæ here, as seen through a magnifier, were acuminate, crowded together in one large and well-defined cluster, of a moderately red color compared with the adjacent healthy surface, above which they were scarcely elevated. A slight serous exhalation emanated from them, and every eight or ten days they set up a furfuraceous desquamation. They occasioned severe smarting and pruritus whenever the patient took active exercise; the heat of the bed also produced the same trouble in an augmented degree. From the history and appearance of the disease, there was no difficulty in recognizing it as *lichen circumscriptus*. The patient had been under the care of her family physician for several weeks, and as all the symptoms still maintained their activity, she came, at his suggestion, to avail herself of the hot-air and sulphur-fume baths, as auxiliary to other curative measures, which she continued under his supervision. She commenced the baths on the 10th of January. The directions from her physician were that she should take one every other day; but her domestic engagements were such that her attendance upon the baths was very irregular. During the first few trials the diseased integument became more inflamed than before she commenced them; in consequence of which they were omitted for one week, during which the patient was put under the action of saline medicines in aperient doses. The baths were again resumed, and continued pretty regularly every other day. The quantity of sulphur hitherto used was  $\text{℥} \text{ iij.}$ ; it was now reduced to  $\text{℥} \text{ ij.}$  The temperature of the apparatus at the previous sittings had not been allowed to go higher than 118 or 120 degrees. The patient was now exposed to a heat of 125 to 130 degrees, and remained in the bath 30 to 35 minutes.

Indications of amendment, as seen upon the arm, began to appear at several points. The papulæ became fainter and fewer, until numerous small spots of healthy surface were brought to view. These soon coalesced one with another; and in this manner the cure progressed until seventeen baths were administered, by which time the whole area of the affected circuits was free from every vestige of the eruption, and the skin was restored to its healthy properties.

CASE II.—Miss E. B., aged 23, of a full vigorous habit, had been afflicted for twelve months with *chronic lichen simplex*, disseminated upon the neck, shoulders and upper part of chest. About six weeks before she called upon me, the inflammation assumed a more active type, in consequence of exposure and carelessness. The skin became thickened; ac-



quired a deeper red color, blended with a yellowish tint, was dry, and cast off an abundant pulverulent exfoliation from time to time, and would apparently be about to subside entirely; but instead of this result, a fresh recurrence of all the symptoms would supervene. The sensation of smarting and prickling was annoying if she attempted to perform any active labor during the day, and it was still more aggravating and tormenting from the heat of the bed by night.

The successive crops of papulæ, surmounting the skin, were not so distinctly or regularly evolved as in the case related above. Preceded by severe smarting and itchiness, they appeared in the form of minute points, hardly perceptible to the eye, but very appreciable to the finger, which passing over the eruption, could detect the presence of small, hard bodies, agglomerated, as if the skin were loaded with them.

A variety of remedies, local and constitutional, having been resorted to without producing any amelioration of the complaint, her physician was desirous that she should make trial of the sulphur fumigations, in conjunction with an abstemious diet and aperient medicines, which he had recommended. She commenced the baths on the 25th of April, 1842. She took them twice a week for five weeks, by which time the eruption, with all its accompaniments, was brought to an end. Quantity of sulphur used at each bath,  $\text{ʒ} \text{ iij.}$ ; time occupied in the apparatus, 45 minutes; temperature on entering the box, 100 degrees, and gradually increased to 130 degrees. The stimulus of the two or three first fumigations occasioned some increase of the local irritation for a few hours after their application. The use of a tepid alkaline wash (subcarb. potas.  $\text{ʒ} \text{ ij.}$  to two gallons water) was sufficient to allay this temporary inconvenience, and was beneficial also in procuring desquamation of the cuticle. The patient has had no return of the disease.

CASE III.—The remaining case which I have to report under this division of cutaneous diseases, is that of J. C., deaf and dumb, from New Hampshire, of a tall slender frame, and shoemaker by trade. Has had a lichenoid eruption for four years, with occasional intervals of a few weeks of comparative freedom from the malady. It sometimes diffuses itself upon the trunk of the body, and sometimes upon the anterior and inner surface of the lower extremities—the latter being the only affected localities at the time of his applying to me. His pulse was languid; suffered much inconvenience from vertigo; hands and feet cold except in quite warm weather; bowels torpid; general health not at all good. Has occasionally consulted a regular physician, but of late his chief hope of cure has rested on the use of various patent drugs—Brandreth's pills bringing up the rear; and to the influence of these his debile condition is doubtless in a great measure to be attributed.

On the first of August last, this patient came to the city to spend a few weeks here and in the vicinity with some relatives, by whom he was advised to consult me in regard to the expediency of taking the baths.

The eruption bore the features of *lichen simplex* of a chronic character; papulæ of moderate redness, and attended with the ordinary concomitants of prickling, itchiness, &c., and the patient resorted to the usual method

of assuaging these harassing evils—the use of the nails—in consequence of which numerous superficial abrasions were produced and kept in a state of constant irritation.

He was directed a dose of Rochelle salts, and to wash himself thoroughly in soft warm water and soap, as preparatory to his commencing a succession of the baths next day. He was now in a suitable condition to derive advantage from the fumigations, and I felt confident not only that the cutaneous affection would be subdued at once, but that a salutary impulse would be given to all the vital functions of the system. The baths were administered every other day—thermometer at the commencement of each sitting, 100 degrees, and increased during the progress of each bath to 130 degrees—quantity of sulphur,  $\frac{3}{4}$  iij. He took seven baths, and made use, daily, of the alkaline wash. Internally he took, night and morning, ten to twelve grains of a powder composed of sulphur lot., carb. sodæ, pulv. rhei, equal parts, which kept the bowels in a good condition. He was allowed a generous diet.

After a fourth bath there began to be a desquamation of the cuticle, from which time the eruption faded away rapidly; and by the 18th of the month it had entirely disappeared. The patient was dismissed with advice to preserve his skin in a pure and healthy state by continuing the practice of the warm alkaline ablutions twice a week, and with the assurance that he would receive his reward therein. He sent me word, about ten days ago, that his old cutaneous complaint had not troubled him since his return home in August—that he had got a new skin, and that his general health was perfectly good.

26 *Howard Street, Boston, Feb. 1843.*

## EXTENSIVE LACERATION OF THE MUSCLES OF THE FORE-ARM.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Should you think, with me, that the following case furnishes any valuable or interesting practical suggestions, you will please give it a place in your Journal.

June, 1840, a young man aged about 22, of unusual physical development, as regards both size and strength, of good health and habits, was engaged at a *shingle machine*, which does its work by means of a *circumlar saw*, that is moved with great power and velocity. By some unfortunate movement, the right fore-arm was brought in contact with the saw just below the olecranon of the ulna, making an exceedingly ragged, lacerated wound through the integuments, something more than equal to the circumference of the arm, but owing to the obliquity it did not quite encircle the limb. It severed, or partially severed, a large portion of the numerous muscles on the exterior and posterior sides of the arm, and disconnected the attachments of others; *shattered off the ulna*, leaving only the olecranon for the upper fragment; tore away almost every vestige of the capsular ligament, leaving its relations exposed, and the extremity of the radius naked and protruding about three inches. The olecranon was



drawn from its location upwards by the triceps muscle, requiring much force for its reduction, and a partial detachment of the biceps before it could be confined.

After an examination of the wound, it seemed a nice question to determine what course was most judicious to be adopted. In the first place, it was doubtful whether the limb could be preserved; and if preserved, whether it would not be worse than useless. From the consideration that the principal branches of the brachial vessels had escaped injury, and that the patient was young, temperate and of sound constitution, great reliance was placed upon the restorative powers. Consequently the shattered extremities of the ulna and olecranon were removed by the saw; making a loss of about two and a half inches to the ulna. Having thus disposed of the ulna, the next question was, what shall be done with the projecting and naked extremity of the radius. By a state of perfect extension of the arm, it could be reduced to its natural location, and the integuments ultimately restored by granulation. But the reader will readily perceive the many weighty objections to this position, where ankylosis is to be the probable consequence of restoration. It was therefore thought, that by removing the extremity of the radius, muscular contraction might bring the mutilated extremities of this and the ulna into the place of the original articulation, and there, the ordinary efforts of nature (ever so prompt and ingenious in repairing all losses and restoring all deficiencies) might furnish cartilaginous or more simple fibrous connections, that would, in some measure, do the office of a natural articulation, and thus avoid perfect ankylosis; or, what was still more desirable, that a timely approximation of the bones might be followed by a union of the two fragments of the ulna, and thus leave us a still more perfect and useful articulation. The last hope, though least expected, was fully realized.

So much of the radius was removed, as to leave it of its relative length with the ulna. The shattered spiculæ of bone were removed, the olecranon reduced and confined to its former situation, the extremities of the wound brought together, and confined by sutures and adhesive straps, and the limb secured in a partially flexed position. The inflammatory process and restoration of the soft parts were exceedingly rapid. As inflammation and suppuration subsided, the muscles recovered their tone and energy, and gradually approximated the bones, till the new extremity of the ulna was in contact with its olecranon process, and the extremity of the radius occupying the place of its original extremity.

In a few months I had the satisfaction to find a union of the ulna to its process, and in about a year a joint, little if any inferior to the original. The pronator and supinator muscles do not so perfectly perform their office. Flexion and extension are as perfect as ever—the general muscular power of the limb greater than that of the other. Patient "*can lift a barrel of pork, or chop as much as ever.*" The joint is somewhat enlarged, and the limb about four inches shorter than its fellow (giving the impression of a *material mistake* in the original construction)—a fact I was not able to account for (as there was not so great a loss of bone, or any protrusion of the radius and ulna past the humeri), unless there was an

absorption of the extremities of the former, subsequent to the operation and prior to union, and there seemed not to have been time for this process previous to union, neither were there any other indications of it.

To me, it seems that this is one of the cases calculated to inspire us with a confidence in the *restorative power*, that would diminish the *frequency of amputations*, which, in *my humble opinion*, have, from the time of *Harvey*, been more frequent than a just appreciation of this power would warrant.

Yours respectfully,

Old Town, Me., Dec. 21, 1842.

J. C. BRADBURY.

### CHRONIC ABSCESS OF THE THYROID GLAND.

[Communicated for the Boston Medical and Surgical Journal.]

IN July, 1842, a woman, twenty-five years of age, nursing and in fine health, was sent to me by Dr. J. P. Stryker, of Newtown, L. I., with a hemispherical tumor of doughy consistence, 3 1-2 inches in diameter, perfectly regular on its surface, attended with no pain, and occupying the region of the thyroid gland. There was no fluctuation, and the tumor followed the motions of the trachea in deglutition. It made its appearance three months previously, during pregnancy. The only symptom that induced me to doubt that this was a chronic enlargement of the thyroid, was its regular surface, and its hemispherical shape, as I had never before seen one with these characteristics in so marked a degree—the superimposed muscles and unequal development in the two lobes, always causing some slight irregularity of surface. Dr. Stryker having put her on the use of iodine, I continued it—3 ss. of the hyd. pot. to the ounce of lard—3 i. of the ointment to be rubbed in thrice a day. Her perfect freedom from scrofula, and the fact of her nursing, induced me to withhold constitutional treatment. In August she returned to town, with no alteration in the size of the tumor, but its consistence much altered, being softer and less moveable on deglutition. I now resolved to introduce a seton.

Delighting, in common with all who have profited by his instructions or experienced his courtesy, to exchange opinions with my friend and preceptor, I submitted the case to Dr. Mott. After a careful and prolonged examination, he proposed its puncture. This was done in his presence with a small needle, and gave issue to pure pus. I enlarged the incision and drew off about 3 viij. No further treatment was suggested at the time. After the evacuation of all the matter, the collapsed tumor presented the same doughy feel that it did on my first examination. This peculiarity was as apparent in the centre as at the circumference, where there was none of that evident induration that limits the extent of an abscess in the cellular tissue.

About six weeks from this time the patient returned, with the abscess nearly as large as before. I again drew off about 3 vi. of matter, in presence of Dr. Cyrus Weeks, and injected the cyst with a solution of sulph. zinci—3 i. to the pint of water, as in hydrocele, directing the patient to call, should circumstances require. In a fortnight she appeared, with a pedunculated tumor, the size and shape of a large hen's egg, hanging from



the puncture, its neck tightly grasped thereby, and the lips of the wound perfectly healthful in appearance. Observing its slight attachment, and its disposition to separate, I very foolishly let her go, desiring her to return when it should drop off, and bring me the tumor. This she failed to do, and I lost the opportunity of examining it, which could have been secured had I snipped it off. In feel it was precisely like the collapsed tumor, and I have no doubt was the remains of the gland constituting the cyst, and slightly thickened by lymph, designed to limit the progress of the abscess. I saw the patient two months since, and she informed me that it dropped off on the second day after I saw it. The wound is perfectly healed, there is neither induration nor enlargement of the sterno-hyoid region, and its muscles perform their proper functions.

*Remarks.*—Dr. Hunter observed abscesses of the thyroid gland. Postiglione remarks, “that the whole gland may be encysted and contain matter.” Flajani says, “when the disease *contains* a cyst, I prefer making an opening with a trochar, though this is apt to be followed by a relapse when the cyst is thick and hard.”

*Quere.*—Are not these cysts the condensed remains of the gland ?

The practice of injection, so far as I know, is new.

New York, Jan., 1843.

E. H. DIXON.

#### A CONCISE VIEW OF THE BENEFITS OF ANATOMY.

[Communicated for the Boston Medical and Surgical Journal.]

THE original definition of anatomy, is the art of dissecting, or artificially separating and taking to pieces the different parts of the human body, in order to an exact discovery of their structure, situation, and economy. The word is Greek, *anatome*, derived from *anatemno*, to dissect, or separate by cutting. This art seems to have been very ancient, though for a long time known only in an imperfect manner. The first men who lived must have soon acquired some notions of the structure of their own bodies, particularly of the external parts, and of some even of the internal, such as bones, joints, and sinews, which are exposed to the examination of the senses in living bodies. The philosophers of the earliest ages, i. e. the men of curiosity, observation, experience, and reflection, could not overlook an instance of natural organization, which was so interesting, and at the same time so wonderful, more especially such of them as applied themselves to the study and cure of diseases. We know that physic was a branch of philosophy till the age of Hippocrates. Thus the art must have been circumstanced in the beginning. In fact, it does not appear, by the writings of the Grecians, Jews, or Phœnicians, or of other eastern countries, that anatomy was particularly cultivated by any of the eastern nations. In tracing it backwards to its infancy, we cannot go further into antiquity than the times of the Grecian philosophers.

Hippocrates was nearly cotemporary with the great philosophers whom we have just alluded to, about 400 years B. C. He is said to have separated the profession of philosophy and physic, and to have been the first who applied himself to physic alone as the business of his life.

He is likewise generally supposed to be the first who wrote upon anatomy. We know nothing that was written expressly upon this subject before; and the first anatomical dissection which has been recorded, was made by his friend Democritus of Abdera.

Anatomy is at once an art and a science; an art, inasmuch as the pursuit of it requires skilful manipulation; and a science, inasmuch as certain general principles are deducible from it. The object of anatomy is to ascertain the structure of organized bodies. Of the two great kingdoms of nature, the inorganic and the organic, it comprehends the whole range of the latter. Like the organized kingdom itself, it forms two divisions, the one including the structure of plants—vegetable anatomy; the other the structure of animals—animal anatomy. Animal anatomy is divided into comparative and human: comparative anatomy includes an account of the structure of all classes of animals, excepting that of man; human anatomy is restricted to an account of the structure of man only. Human anatomy is subdivided into descriptive, general, and pathological.

Descriptive anatomy comprehends a description of all the various parts or organs of the human body, together with an account of their situation, connections, and relations, as these circumstances exist in the natural and sound, or, as it is technically termed, the normal condition of the body. The human stomach, e. g., is composed of a number of membranes, which are united in a particular manner; a number of blood-vessels, which are derived from particular arterial trunks; a number of nerves, which proceed from a particular portion of the brain and spinal cord; a number of absorbent vessels, and so on. Moreover, this organ is always placed in a particular cavity of the body, and is always found to have certain specific connections or relations with other organs. The anatomy of the human stomach comprehends an account of all the particulars of this kind, which are uniformly found to concur in all human bodies in which the conformation is regular or natural. And so of every other organ of the body; and because such an exposition of the structure of the various organs includes a description of all the circumstances that relate to their organization, it is called **DESCRIPTIVE ANATOMY**.

After the study of the human body in this mode has been carried to a certain extent, with a certain degree of success, it necessarily gives origin to a second division of the science, that termed *general* anatomy. It is found, that many of the circumstances which belong to any one organ, belong at the same time to several organs; and that thus several individual circumstances are common to many organs. Of the membranes, e. g., of which it has been stated that the stomach is composed, some are common to it and to the intestines, to the bladder, to the uterus, to the air-passages, and so on. In like manner, with respect to any one of these membranes, when its structure is carefully examined, it is found that in many points its organization is exactly similar to that of all other membranes. This view, extended, leads to further important and interesting results. All the arteries of the body, whatever their situation, size, or office, are found to be composed essentially of the same substances, disposed in nearly the same order and form. All the veins have, in like



manner, a structure essentially the same. All the absorbent vessels, all vessels of every kind, all the bones, muscles, and nerves, the whole external covering of the body, or the skin, widely as these various structures differ from each other, present no material difference as far as regards the organization of each particular class. Hence various organs of the body are disposed into what are called *common systems*, and these common systems are said to consist of common substances or tissues. All the vessels, e. g., are collected and arranged under one common class, called the *vascular system*; in like manner, all the bones are collected and arranged under another class, called the *osseous system*; all the muscles under another, called the *muscular system*; all the nerves under another, called the *nervous system*, and so on. The material that enters into the composition of each of these systems consists of a substance of a peculiar nature; but as this substance is more or less generally diffused over the whole body, entering as a constituent element into the various organs, it is termed a common substance, or tissue. What is termed the common cellular tissue, e. g., is the substance of which all the membranes and vessels of the body are composed; the muscular tissue is the substance of which all the muscles are composed; the nervous tissue is the substance of which all the nerves are composed: and thus, the structure of the body, analyzed in this mode, innumerable and complex as the substances appear to be of which it consists, is ultimately reduced to a very few simple materials, by the combination and modification of which all the different animal substances are produced. That part of anatomy which displays these common substances, and which describes all that relates to these differences, analogies, combinations, and so on, is termed **GENERAL ANATOMY**.

Descriptive and general anatomy, then, include an account of the structure of the body as it exists in a state of health. But there is no organ of the body, and no tissue which enters into its composition, which is not subject to disease; in consequence of disease, the regular or natural structure of the component substances of the body become changed in a great variety of modes. That part of anatomy which displays these diseased or morbid changes, and which describes all the circumstances relating to them, is called **PATHOLOGICAL, or MORBID ANATOMY**.

We may say, then, that descriptive anatomy comprehends an account of all the parts or organs of the body as they exist in the state of health; general anatomy comprehends an account of all the separate substances of which these organs are composed, not as these substances exist combined in organs, but as they form distinct and peculiar substances; pathological anatomy comprehends an account of all the changes of structure produced by disease, whether in individual organs, or in the primitive or common substances of which these organs are composed.

[To be continued.]

*Boston, Dec. 12, 1842.*

R. C.

## ABSTINENCE FROM DRINKS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—At your request, I send you the story of two very curious, and I would fain hope instructive experiments, made for a purpose which will appear in the progress of the narrative. Let me premise, however, that I do not consider these experiments as having much bearing on the great question of cutaneous absorption. There is no reason to believe that any more fluid was received into the system, either through the skin or the pulmonary tissue, than usual; and it is not very philosophical to refer to another cause those effects for which the character of the ingesta will sufficiently account.

For many years I had drank nothing *with my meals*, believing it better to let the teeth and salivary glands perform their whole office. As my food was plain and unstimulating, I was seldom thirsty between meals, so that I gradually fell into the habit of drinking nothing at all—sometimes for whole weeks together.

The thought struck me, one day, after an abstinence of several weeks, that I would try the effects of abstaining for a period still longer. Accordingly, for the nine months and twenty days which followed August 6, 1839, I drank nothing, and was only thirsty ten or a dozen times during that whole period. My food was, as usual, farinaceous vegetables (including, of course, a full proportion of bread) and fruits. I used no more liquid food than I had been accustomed to use—perhaps about two gallons of milk in the whole time in the way of condiment, and half a dozen pints of water gruel.

But as this season of abstinence did not include the hottest part of the season—a season when perspiration is apt to be most free—I was not satisfied with the results, and accordingly drank nothing from January 1st, 1842, to the end of the year. Indeed, I have not yet returned to the use of drink, being resolved to wait the return of natural thirst; and no such thirst has, as yet, arrived.

If it is asked whether I experienced no thirst during these long seasons of abstinence, I answer—yes, occasionally. When I spoke or conversed two or three hours in succession, with great earnestness or vehemence, or when I ate salted, or sweetened, or highly concentrated food, I sometimes felt thirst, but it soon passed off, except in the case of salted food. I have sometimes been quite thirsty from long speaking, and yet on desisting but ten minutes, the thirst wholly disappeared. But salt in food, when in excess (producing, as it does, a degree of inflammation of the mucous membrane of the stomach and adjacent parts) is not so easily got rid of. It was on one of these occasions that I yielded to the desire to drink, and shortened my first experiment. By avoiding the use of salted food, I have been able to go through the past year without suffering. In fact, I can truly and honestly say, that except in a single instance, I have suffered less from thirst, so far as I can recollect, than during any previous year of my whole life.

The exception just referred to is as follows. Fearing it might be said, that as I was a sedentary man, the experiment was not a fair one, I went

to work, late in July last, at haying. The day was excessively hot, and I labored beyond my strength. Thirst came on, somewhat severe, to obviate which I gargled my throat several times with cold water. The second day I did the same, though not so frequently. I also ate liquid food during the two days, viz. bread and water; the bread being broken into water, as many break it into milk. There was the greater necessity of doing this, as I had no good fruit, just at this time, to form a part of my meals. After the lapse of two days, I felt no more thirst, although I continued to labor as hard, and the heat was about as great as before.

Should it be asked whether I perspired freely, and whether the kidneys performed their proper office, I reply that there was no profuse perspiration at any time, except during the first day's labor. At all other times, perspiration was gentle, though free. The kidneys sometimes seemed a little inactive, though not generally so. For the most part the functions of the body and the faculties of the mind have been about as usual.

This allusion to the state of the mental faculties, reminds me of the necessity of correcting an error which has gone abroad, in relation to these experiments, and which may have done temporary injury to the cause they were designed to promote. It has been intimated that I was a believer in total abstinence from all drinks, even water; than which nothing can be more untrue; and I respectfully request those editors who have contributed to this impression, to copy this article into their papers.

But why, then, some may still ask, should I hazard such experiments? The question is a fair one, and shall be fairly answered.

As to hazard, in the first place, there is none, in a case like my own. The man who can maintain perfect vigor of body and mind in the use of a diet of bread and fruits and succulent vegetables, hazards nothing in abstaining from any other fluid than what is contained in his apples, pears, strawberries, whortleberries, currants, melons, potatoes, beets, turnips, &c. Even bread contains much water. *He* will not suffer whose food, for the day, includes from two to six pints of water.

But the great object of the experiments, in the second place, was to prove, for the benefit of the friends of temperance, that if our food is simple and plain, we need but very little drink. It is well known that one fruitful source of that morbid thirst which every where prevails, and which is the predisposing cause of a large share of our intemperance, is high-seasoned, over-stimulating food. Let every source of undue mental and physical excitement be avoided in the education of each rising generation, and there is hope that in due time the great end which the friends of temperance have in view may be accomplished. Did mankind, from the earliest infancy, yield strict obedience to all the laws of their being, three fourths of the water now poured down—not *drank*—might be dispensed with; and every other drink, except water, might be banished from society.

W. A. ALCOTT.

*Dedham, Feb. 5, 1843.*



## THE WARM BATH.

[Communicated for the Boston Medical and Surgical Journal.]

It is obvious that the subject of warm bathing engrosses a more conspicuous share of the public attention at the present time, than at any former period in the history of this country. Happily for us, as a community, the too much neglected, yet important consideration of the functions of the skin, have awakened the thoughts of the medical profession generally throughout its whole extent. The lucid accounts of literary and scientific gentlemen who have travelled in the East, carry conviction upon this subject, to every observing mind, of the benefits resulting from this salutary process. Though we are not like many other "nations of the East," where bathing has assumed the rank and importance of "religious observances," yet the warm bath is resorted to as a luxury, and a means of preserving health and cleanliness, and much more frequently prescribed as a remedy than formerly; for we have not been so backward as not to know that "when the saline and animal elements left by perspiration, are not properly removed by washing or bathing, they at last obstruct the pores and irritate the skin." Still we are very far behind those who consider it necessary to the healthy performance of those functions on which the continuance of life depends. Even the hot air bath may often be used with the very best effects, in many morbid and chronic diseases, by producing an action upon the skin, and through its medium, upon the nervous system. It equalizes the circulation of the blood and nervous influence, it promotes cutaneous exhalation, and is becoming an important and successful remedial agent.

The *Vapor Bath* is calculated to be much more extensively useful. Assuming the foremost rank in exciting the vital action, it removes every imperceptible incrustation of the pores, leaves the skin soft and smooth, and prepares it to resist cold better than before its use, by imparting tone and activity to all the glandular and organic functions internally that act sympathetically throughout the whole system. Attacks of colds, fever, rheumatism, and the diseases caused by long checked perspiration, are frequently arrested by its timely use. In the widely extended catalogue of eruptive and other chronic affections, of not only the skin itself, but of the interior organs with which the skin sympathizes closely, as the stomach, intestines, &c., its judicious application is productive of great relief. In affections of the mucous membrane, and those diseases which resemble consumption in their symptoms, there has not been discovered a substitute for it. In most of the morbid affections of the nervous invalid, where the *mind* sympathizes through the physical organs, and broods over melancholy apprehensions, its soothing influences are even more conspicuous. For, as Dr. Combe, of Edinburgh, justly remarks, "So intimately and beautifully are all the parts of the frame connected with each other, that what is really good for one, rarely fails to be beneficial to the rest." The elements of calculation are insufficient to estimate the benefits which would result from the judicious use of the warm bath, upon the health and longevity of the inhabitants of this country, when properly introduced.



Hitherto the want of proper and convenient apparatus has been its greatest hindrance, for a person must have a perverted taste that does not appreciate the luxury of the warm bath. A *Portable Apparatus*, by which this salutary process can be accomplished in a few minutes, should be considered a desideratum by every medical philosopher. Happily for the community, Messrs. Hicks & Minor, of Middletown, Conn., have invented a *Portable Bath*, which is a beautiful piece of furniture, well adapted to the use of physicians, having an apparatus for converting medicines into vapor, and containing within itself all the elements of its operation—and for *private families*, being so simple that any one may conduct it; the whole process of which may be completed in from fifteen to twenty minutes. Even a superficial examination of the merits of this article cannot fail to convince any one of its great utility, not the least of which is its convenience for use ordinarily in families, and the sick chamber.

J. T.

#### OPERATIONS PERFORMED AT THE MASS. GENERAL HOSPITAL.

[Reported for the Boston Medical and Surgical Journal.]

JAN. 23th.—*Opening of Scrofulous Tumor*, by Dr. TOWNSEND.—About five years ago, patient first perceived a tumor of the size of a cherry on left side of neck, which has increased gradually, without pain or inconvenience, up to the present time. Some fluctuation has been perceived in it for some time past, which has increased of late. At the time of operation, abscess was much bound down by the sterno-cleido-mastoideus muscle, at each side of which it appeared of the size of a horse-chestnut; fluctuation most distinct at back part of tumor. An incision was made with a lancet, and about  $\frac{3}{4}$  ij. of serous and curdy matter evacuated.

*Division of Tendo-Achillis, for Congenital Varus*, by Dr. HAYWARD.—Patient entered the Hospital Dec. 9, at which time she could not place the sole of left foot upon the ground, and walked on the outer face of tarsus; the tendo-Achillis was divided Dec. 10th, and the extending apparatus has been since applied daily. Since the operation, foot is very much improved; can now tread on the sole when feet are placed together, though cannot bring heel to within half an inch of the ground; toes still somewhat turned inwards. The tendon was divided in the usual manner by the sub-cutaneous incision.

*Operation for Removal of Tumor on the Head, by Actual Cautery*, by Dr. WARREN.—This patient was operated upon by ligature for the same disease, January 14th, but as the whole of the affected part was not perfectly strangulated, it had increased in size considerably since then, and at the time of operation presented a dark-red tumor, rising half an inch above the surrounding integument. Patient having been placed on the table, with a bandage over his eyes, an iron at a white heat was applied to the tumor, and this repeated until its whole extent and the edge of the sound skin surrounding it were cauterized. Some hæmorrhage accompanied and considerably retarded the operation by cooling the irons; patient complained of but little pain, except when the iron touched the sound skin.

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 FEBRUARY 8, 1843.
 

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WITH this number of the Journal, commences the *twenty-eighth volume* of the work. Through its entire existence, the patronage and kindness of the medical public has been constantly manifested ; and its prosperity, and extensive circulation in the United States and foreign countries, have encouraged us to issue it on a much larger sheet than heretofore, and to make such efforts to maintain its scientific character, as shall meet the approbation, we trust, of an intelligent, liberal-minded profession.

One of the advantages arising from the alteration, is that it will afford superior facilities for advertisements. Objections have not unfrequently been raised against their admission into the main body of the Journal ;—and some have expressed an opinion that the actual reader, who took it for the sole purpose of keeping pace with the current medical literature of the times, was compelled to take pages of advertisements, in which he had neither interest nor concern, to the exclusion of matter that rightfully belonged to him. Others have felt themselves aggrieved because they could not maintain a perpetual advertisement, or such frequent notices as would conduce to their success in a particular line of business, by the knowledge which physicians might have of them through the vehicle of a medical journal. The publisher has endeavored to avoid encroaching upon the pages of the Journal, and has devoted much less space to advertisements than the orders of advertisers required. As the present plan of a distinct advertising sheet will probably accommodate all who may in future wish to avail themselves of it, we hope to meet the expectations of all. It may be understood, therefore, in future, that the advertisements of publishers, booksellers, druggists, instrument makers, importers, medical schools, hospitals, societies, and all other medical notices, can have ready attention, and be allowed to remain in type according to the directions of those who order them.

It is necessary to add, that in consequence of the requisite increase of expenditure, a more strict compliance with the subscription terms of the Journal will hereafter be expected. As a preliminary step, the names of many individuals who are variously in arrears will be erased from our mailing book, until a settlement of their accounts is made. This number of the Journal, with their bills enclosed, will be sent to all such, and they are respectfully requested to forward the amounts due. The difficulty among physicians in collecting their own accounts, has in a great measure, it is presumed, been the cause of the present unusual amount of delinquency. We are willing to make due allowance, as we have before stated, for this state of things ; but must again remind those who are indebted for the Journal, of the great inconvenience to which we are in consequence subjected, with the hope that they will, at least, do the best they can towards remedying it.

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*Report of the Superintendent of the Maine Insane Hospital.*—The third annual report of the superintendent and physician of this hospital, Dr. Isaac Ray, was made to the legislature of Maine in December,



and is now published. According to the directors, the gross expenditures in 1842, were \$8,817 73; and they estimate the probable expenses of the present year will be \$8,254 72. The current expenses of the hospital alone, aside from purchases for repairs of buildings, farm, or agricultural implements, amount to only \$1,064 03, which shows it to be an exceedingly economically conducted charity. Dr. Ray says that the number of patients in the hospital, Dec. 31, 1842, was 65; viz. 47 males, and 18 females. The largest number at any one time, 73; and the smallest, 50; the average throughout the year, 62 1-6. After these statements, the doctor makes general remarks upon the success of different institutions, both at home and abroad, which are sensible and judicious, extending through several pages of the report. His observations on the table introduced, are those of a man who looks with a vigilant eye to the character and influence of the one which the people of Maine have wisely placed under his care.

We are well satisfied with Dr. Ray's general comments on the causes of insanity, and transcribe a few lines, regretting that opportunity is not presented for extracting more elaborately. "Insanity," he says, "is now universally considered as a disease of the brain, in the production of which we recognize two different orders of causes. In the first place, there is the predisposition to the disease, founded on some organic peculiarity, not well understood. We know that individuals greatly differ in this respect—that the circumstances which completely disorder the mind of one man, scarcely agitate that of another; and that while one is constantly on the verge of insanity, however quietly he may live, another is perfectly safe from its attacks, though he may live perpetually in a whirlwind of mental excitement." Having spoken of the distinctions between these two orders of causes, and properly disposed of those convenient instruments, *intemperance, constitutional predisposition, domestic affliction, religious excitement, &c.*, he gives his own views in a summary manner. Finally, after several acknowledgments to those who have been almoners in various ways to the hospital, by attentions that conduced to the happiness of the inmates, Dr. Ray closes the report, which is decidedly the best that has come from the institution. No allusion is made to Dr. Knapp, his predecessor, who came into office with singular energy, and walked out again into utter professional forgetfulness. There is a strange mystery hanging over his medical administration of the Maine Insane Hospital, that has not yet been understood in this region.

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*The Mother's Medical Guide in Children's Diseases.*—But little had been heard, for a long season, of that pattern of industry, Dr. William A. Alcott, the author of several popular books on health and morals, till the appearance recently of the *Mother's Medical Guide*. Notwithstanding the author's singular theories, and his anti-isms,—for he professes not to have much respect for old customs or habits, either in eating, drinking, sleeping or dressing,—he is a staunch advocate for human improvement, and labors incessantly to bring about a change in the present state of society, that shall conduce, as he thinks, to physical well-being, longevity and mental activity. We have a respect for the doctor's kindness of heart, his sincerity and universal philanthropy, although differing from him on many subjects of general interest to mankind. His system of physiology is unlike that which exerts the most influence in the world, and believing it to

be far superior, it is not strange that he manifests a zealous regard for its extension. With a loftier purpose than actuates the mass of blind followers of blind guides, who are constantly crying out against the luxury of the age, and who starve themselves to be viewed as martyrs in the good cause of regeneration, Dr. Alcott enjoys a character for christian sincerity and honesty, which even his enemies, if any there are, readily acknowledge.

This, however, is wandering from the object immediately before us. The *Mother's Medical Guide*, from the accurate press of T. R. Marvin, gives a concise and proper description of the various diseases to which children are incident, in language that a mother will easily understand. She is taught by it to manage her children judiciously, till she can procure proper medical advice. The author does not aim, as we understand him, to convert all the matrons in christendom into doctresses, nor would he encourage them to drug a child for the sake of being independent of the regular profession; simple means of alleviation are proposed, which will often have the effect of saving them from the infliction of a deluge of senseless doses, that quite as frequently kill as cure. Originality is not pretended: good suggestions are collected from all respectable sources, and adapted to the comprehension of judicious, common-sense mothers, who will be wiser for having an intimate acquaintance with this well-constructed volume. We certainly wish the publisher good success in the enterprise. The book is by no means beneath the attention of medical practitioners, who may find lessons in it that will meet their warmest approbation.

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*General Therapeutics and Materia Medica*.\*—Two full-sized octavos, one having 489 pages, and the other 515, adapted for a text-book, by Dr. Dunglison, Professor of Institutes of Medicine, &c., in Jefferson Medical College, were received last week. We have had frequent occasion to speak of this gentleman's literary attainments and perseverance. He is beginning to be, in medicine, what Sir Walter Scott was in fiction, the most voluminous author of the age. The example of such indomitable, untiring industry will have a good influence on the medical character of this country.

The last production of his prolific pen, is in fact a second edition of his popular system of General Therapeutics, which has been familiar to the profession, and now essentially improved by having incorporated with it an account of the different articles of the materia medica. A decided object seems to have been, to construct a treatise expressly for the medical student. There is no obscurity in the text—no mystifications, requiring half a dozen other books to explain; but, on the contrary, a judicious arrangement of such matter as must be understood by the student, yet perfectly scientific in all its details.

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*Neurology in Albany*.—From the Daily Evening Albany Journal, of Jan. 28, which came to hand through the politeness of a correspondent, the accompanying editorial article is taken. Without comment or curtail-

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\* General Therapeutics and Materia Medica, adapted for a Medical Text Book. By Robley Dunglison, M.D., Prof., &c., &c., Jefferson Med. College. In 2 vols. 8vo. Philadelphia. Lea & Blanchard 1843.



ment, it is here introduced to show the success of the new science, in one instance at least, in the capital of the empire state.

"This new philosophy, which has shot as far ahead of science as 'Millerism' is in advance of religion, received an ugly back-handed blow, last evening, in the presence of its great teacher, Dr. Buchanan himself! The rumor runs, that a Vermont youth, who is attending lectures in our medical college, desirous of acquiring that wisdom which triumphs over 'all the ills that flesh is heir to,' devoted himself for several weeks to the wonder-working effects of Animal Magnetism, the professors of which found him a most 'impressible' subject. The experiments tried upon this subject, by all the masters of the mystery, were pronounced perfect. They all pointed to *him* to establish the *truth* of their science. After trying some very shallow experiments in 'Neurology' upon this 'subject,' last evening, he was called upon to state what his *real* experience had been, and in reply, boldly pronounced the whole scheme a humbug! He said that for the last three months the 'Magnetizers' had been practising upon him; that finding him 'susceptible,' they had put him through all their experiments; and that they had pronounced him a *genuine* subject. He added, that in all this time, and through all their operations, he had not only never been asleep, but that he had never experienced the slightest magnetic effect from their manipulations and mummeries! The audience, which was numerous and highly intelligent, expressed their sense of obligation to this gentleman for having thus successfully exposed a miserable and pernicious scheme of charlatanism, by a hearty and emphatic vote of thanks."

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*Abstinence from Drinks.*—An article went the rounds of the newspaper press, a few months since, in regard to Dr. Alcott's abstinence from drinks, which was productive of all kinds of remark from all kinds of people. Happening to have an interview with the doctor about that period, we requested him to furnish the Journal with the results of his experiment, for such his protracted abstinence was intended to be, with reference to a specific object. He has kindly complied, and an interesting narrative of his personal experience on the feasibility of abstaining from all kinds of drink, may be found in to-day's Journal.

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*The Albany Medical College.*—A new catalogue and circular of the college is out. It shows that the institution is exceedingly prosperous, since the class consisted of one hundred and four persons. In 1839, thirteen took degrees; in 1840, seventeen; in 1841, thirty; and at the close of the late term, 27 were admitted to the degree of doctor in medicine. Two years ago, the legislature of the State of New York granted \$15,000 towards the improvement of the building and the increase of the library, museum, and apparatus. The collection of pathological models of Dr. Thibert is exceedingly curious. A full course of lectures, commencing the first Tuesday of October next, costs only \$70, and the graduation fee is fixed at \$20.

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*Medical Miscellany.*—Smallpox, say the exchange papers, is prevalent at New Orleans; as it is almost every where else the present winter.—A poor man at Udina, in Friule, lying under the frightful tortures of hydro-

phobia, is said to have been cured by draughts of vinegar, given by mistake, instead of something that had been ordered. A physician of Padua, hearing of the event, tried the vinegar upon a patient lying in the hospital, who had been bitten by a rabid animal, and he was restored. No great reliance, however, can be placed on these accounts.—A young Chinese is about being sent to a London hospital, from the Celestial empire, to obtain a knowledge of the art and mystery of surgery.—Dr. Buchanan, the neurologist, from Kentucky, is represented to be very successful in his lectures at Albany. He will soon be in Boston, where animal magnetism still thrives like a green bay-tree. Nothing promises such certain profit as *experiments* on Mesmerism, at ninepence a ticket, any where in the neighborhood of the Marlboro' Chapel.—A child died in New York, in consequence of having an application made to her head of arsenic and whiskey, which had been recommended as an excellent remedy for an eruption which she had. Red precipitate ointment was then liberally applied. The two produced violent retchings and vomition, ending in death.—W. Home, M.D., Assistant Staff Surgeon, and S. Sampson, are the medical gentlemen who issue the bulletins from the government, in the city of Kingston, in regard to the health of the Governor-general of Canada.—It seems that there has been a bit of a quarrel in the old medical school, at Baltimore, between two of the faculty, Dr. Smith and Dr. Hall, one the professor of surgery and the other of obstetrics. The correspondent of the Boston Courier says that the students call the case by the significant title of *scalpel* versus *forceps*. A sword cane was flourished on the occasion, and some other demonstrations of pugnacity made. The students are said to have parted the combatants.—Mrs. Deliverance Warren died recently at Redfield, N. Y., at the age of 104 years, 8 months, and 10 days.—Henry Gorman died in Chester co., Penn., recently, of the *glanders*, contracted from a horse which he bled, that had the disease. Having a scratch on one finger, the poison was imbibed, which terminated his life after severe sufferings, in about three weeks.—A second number of Braithwaite's Retrospect of Practical Medicine and Surgery, is published by Ade & Estabrook, 160 Nassau Street, and a good work it is.—It is proposed, it is understood, in New York, to constitute a medical board, composed of six physicians and six surgeons, to be appointed by the common council of the city, to whom shall be entrusted the management of the almshouse and almshouse hospital.—A little girl, five years old, is on exhibition at the New York Museum, who has arrived at the perfect state of womanhood. Her *mammæ* are as fully developed as those of a young woman of twenty. She is of a strumous habit, but, says Dr. Houston, enjoys vigorous health.—A small girl in Cabotville, Mass., raised a brass pin in a violent paroxysm of coughing, which had been swallowed, apparently, two years before. She is now perfectly well.—It is now boldly asserted that the Chinese understood the true circulation of the blood, two thousand years ago. They are also credited with having first introduced inoculation.—Erysipelas is again making its appearance in many places.

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Number of deaths in Boston for the week ending Feb. 4, 38.—Males, 15; Females, 23. Stillborn, 1. Of consumption, 8—infantile, 2—smallpox, 4—marasmus, 1—complication of diseases, 1—dropsy on the brain, 3—canker, 1—palsy, 1—disease in the head, 1—inflammation of the bowels, 1—tumor, 1—croup, 4—pleurisy, 1—insanity, 1—measles, 1—stoppage in the bowels, 1—inflammation in the throat, 1—disease of the brain, 1—liver complaint, 1—dropsy in the head, 1—debility, 1.  
Under 5 years, 17—between 5 and 20 years, 5—between 20 and 60 years, 15—over 60 years, 1.



*M. Guerin's Quarrel on Tenotomy.*—The French medical journals have lately been very fully occupied with reports of discussions in the Academie Royale de la Medicine on the subject of TENOTOMY, or the section of the muscular tendons for the relief of club-foot and other of those deformities which are dependent in part on muscular contraction. M. Guerin is the great apostle of this practice, the benefits of which he astutely maintains against MM. Velpeau, Bouvier, Gerdy, and other distinguished French surgeons. According to M. Guerin there are two classes of tenotomists,—the scientific and able, and the empirical, or ignorant operators—the mob-tenotomists, the legitimate descendants of the barber-surgeon dynasty. Under the first of these classes M. Guerin ranks himself, and, moreover, demands to wear the crown alone, thinking no one worthy to be placed either on his right or his left. The rest of his surgical brethren are, by him, hustled, without distinction, into the second class, the class of the mob and the barbers. M. Velpeau has proved, in examining the points under discussion in detail, that M. Guerin not only has propounded nothing that is new, but, in fact, that the fixed laws and “grand principles” which he has compelled us to listen to for years are nothing more than may be found in surgical books generally, the authors of which never dreamed that they were communicating in them anything that was extraordinary. M. Guerin, in fact, seems to have nothing remarkable to communicate, excepting when he exaggerates, and then it is only remarkable that a man in his position should allow himself to do so. However, M. Velpeau has inserted a passage in his “Medicine Operatoire” which M. Guerin finds to be an unequivocal and invaluable testimony in support of his theory.—*London Lancet.*

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*Increase and Treatment of Cancer.*—According to a report recently laid by M. Fanchon before the French Academy of Sciences, cancer is a disease which appears to increase in frequency with the progress of civilization. In 1830, 668 persons were said to have died of cancerous complaints in the department of the Seine (comprising Paris and its immediate environs within a radius of five or six miles), which was 1.96 per cent. of the deaths in the department for that year. In 1840, the number had risen to 889, or 2.4 per cent. of the total mortality. In Paris alone, in 1830, there were 595 deaths from cancer, and in 1840 as many as 779 deaths, or 2.54 per cent. on the whole number of deaths. In the rest of the department of the Seine 73 deaths took place in 1830; and in 1840, 110 deaths, or 1.63 per cent. The main object of M. Fanchon's communication is to propose means that may tend to arrest the mortality from tumors of the breast, superseding either the necessity of operations thereon, or the employment of caustic. Among other means he advises compression, and the continued application over the part affected of a muslin bag (*sachet*), containing a powder composed of 1 part of iodide of potassium, 2 parts of chloride of sodium, 2 of burnt sponge, in powder, and 8 of muriate of ammonia; or, at other times, the use of an absorbent powder, consisting of nitrate of potass and Florentine orris root, 1 part each, and powdered burnt sponge, 20 parts. Thirty individuals treated by the above remedies are said to have experienced such marked benefit as to require no operation, ultimately, for the excision of the diseased organ. In some, though not many cases, the mammary glands are stated to have become wholly absorbed, as an effect of the applications.—*Ibid.*



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VOL. XXVIII.      WEDNESDAY, FEBRUARY 15, 1843.

No. 2.

EXCISION OF THE TONSILS.

[THE following case, in which a suit was commenced for mal-practice, at Utica, N. Y., is interesting chiefly on account of the testimony of several distinguished surgeons, in regard to the operation of excising the tonsils. The plaintiff was justly defeated in his object of obtaining damages. Judge White commands our respect for his clear and satisfactory explanations of the law, and for the just views he evidently entertains of the duties and responsibilities of the medical profession, and of their individual rights in their professional capacity.]

Present, Hon. F. C. White, First Judge; N. Kimball, A. Comstock, P. Jones, S. B. Roberts, Judges.

*Nathaniel S. Wright vs. John P. Batchelder.*—This was an action brought by the plaintiff, a merchant residing at Vernon Centre, against the defendant, who is a distinguished surgeon residing at Utica, for mal-practice. The suit was originally commenced in a justice's court, where the plaintiff obtained a verdict for \$100, and the defendant brought an appeal to the Common Pleas.

A child of the plaintiff, two and a half years old, had a tumor on the nose, about the size of a pea, and the parents of the child went with it to Utica for the purpose of having it removed by the defendant. On their arrival at the defendant's office, he examined the child and found it had a difficulty in breathing, and inquiring how long it had been so affected, was informed a year or more, and he was informed that their family physician said it was asthma. He said he could cure such asthma in five minutes. He then examined the throat of the child, and showed the parents that the difficulty was enlarged tonsils, and suggested the propriety of having them removed. Plaintiff inquired if it would be safe to take the child home, being about seventeen miles, as he was obliged to return home that day. The day was a very cold one—the 1st of January, 1839. The doctor replied that it would be perfectly safe; that there was no danger in taking the child home after the operation the same day; said the operation was a simple one, and if not performed, the swelling would increase to such a degree as to cause the child's death; that there was no other way to cure the disease, but to have them taken out.

The plaintiff finally consented, and the operation was performed, and the child was taken home. The charge for the operation was \$15. It

appeared that when the child arrived home it was in a free perspiration ; hands, feet and face warm, and no indications of having taken any cold. A few days after the child was taken unwell, and in about two or three weeks died of inflammation in the throat.

The plaintiff contended that the death ensued in consequence of the operation performed by the defendant ; that it was improper to perform the operation ; that it was dangerous to expose the child by taking it home after the operation, and that had it not been for the advice and representation of the defendant, it would not have been done.

On the part of the plaintiff, fourteen physicians were sworn as to the method of treating enlarged tonsils. Most of them testified that the usual method was to employ medical treatment to reduce them, which was generally successful ; but they also testified that excision by the knife was the only perfect cure. They also testified that there was danger of the child's taking cold from the exposure in riding home, and most of them deemed it imprudent to have done so ; but all of them testified that from the appearance of the child when it arrived at home, as proved, there was no indication of its having taken cold. Among the physicians for the plaintiff were Dr. Noyes, of Clinton, Dr. McCall, of Utica, Dr. Freeman, of Vernon, Drs. Barrows and Hastings, of Clinton, and others of equal respectability in their profession.

The defence relied upon was, that the operation was a proper one, was skilfully performed, and the direction as to taking the child home, proper ; and that from the facts in the case it was evident that the operation was entirely successful, and that the death of the child arose from other causes.

The defendant called several very eminent and distinguished surgeons.

Dr. Alden March, President of the Albany Medical College, testified that he had travelled in Europe, and had seen the operation performed by many distinguished surgeons there ; had himself performed the operation in one hundred and fifty cases ; did not give any directions as to persons being cautious about taking cold ; regards it as good practice to let a child go home several miles in a cold day. He stated that excision was decidedly preferable to any other treatment ; the remedy is easy, the operation safe, charge from \$10 to \$15. From the testimony given in the case he considered the child arrived home in a comfortable condition. Dr. March testified that the reputation of Dr. Batchelder as a surgeon stood very high.

Dr. James Webster, of Rochester, Professor in the Geneva Medical College—operates frequently on tonsils ; performs the operations and gives no particular directions, and no precautions as to taking cold any more than any small operation ; usual charge for the operation, \$20. The case as performed by Dr. Batchelder was proper, and sending the child home was such practice as he advised. The operation is the only remedy for the permanent cure of the disease. From the description of the child on its arrival at home, should consider it to have been in a good condition.

Dr. Thos. Spencer, Professor in Geneva Medical College, testified that he was familiar with the disease, and had operated. That excision was



the better practice; patients usually allowed to go home after the operation. The practice of Dr. Batchelder in advising the operation, and otherwise, accords with the usual rules of the profession. Usual charge for the operation \$20.

Dr. P. B. Havens, of Hamilton, Mad. Co., testified that he had treated many cases of enlarged tonsils; had removed by excision in thirty or forty cases; made no difference on account of weather. The practice in this case was a proper one, and the practice of Dr. Batchelder correct.

Dr. Josiah Rathbun, Dr. Simon G. Havens, Dr. Joseph P. Newland, of Utica, and Dr. Jabez V. Cobb, of Rome, testified that they had performed the operation, and that they considered the practice of Dr. Batchelder correct, and such as was proper and suitable in the case of the child.

Proof was also given in several cases where operations had been performed by Dr. Batchelder in cold weather, and when the persons had been sent home without any inconvenience.

The defendant's counsel also read in evidence from a work published in London, by Dr. Yeardsley, a distinguished surgeon of that city, recommending highly the practice of excision of the tonsils as the only remedy that was permanent. Also from Dr. Cox, of the city of New York, a similar recommendation in a pamphlet published by him.

The case was summed up by J. A. Spencer for the defendant, in a manner which reflects even upon him great credit. The tribute which he paid to the distinguished men of the medical profession who had testified was most eloquent, as well as most deserved.

T. Jenkins, for the plaintiff, closed in a speech of great ingenuity and power, and brought to his aid every fact and argument that could bear upon the plaintiff's case: and he paid a very deserved tribute to the respectable physicians from the county of Oneida, who were called by the plaintiff.

His Honor, Judge White, remarked in his charge to the jury, that this action was brought to recover the damages which the plaintiff had sustained on account of the expenses he had incurred and loss of services, if any, not for the pain and anguish the child had endured. The claim goes upon the ground that the defendant had been guilty of mal-practice. Mal-practice means bad practice, unskilful—in a man's attempting something which he does not know how to do. It may be through negligence or through unskilfulness; he may have general knowledge, but not of the particular subject.

If the advice to take the child home in this case was wrong, it was ignorance; if it was imprudent to take the child home after the operation, and all physicians should say so, then the defendant would be liable.

If the death of the child ensued in consequence of the negligence, unskilfulness or ignorance of the defendant, he is liable. Has the injury arisen from his bad advice? Was it the consequence of his advice? On this point you must look to the evidence and not to vague speculation.

Dr. Batchelder is not responsible for what happened after the child arrived at home. He advised to take the child home. What resulted from the parents taking the child about Utica for several hours before they



started for home, and what happened after they got home, the defendant is not responsible.

Was the operation a proper one? A physician is not liable for a mere mistake in judgment. He may think bleeding necessary—a more skilful physician may see it is not; still the physician exercises his best judgment, and for an error in judgment merely he is not responsible.

The Judge illustrated this principle by reference to various other employments.

Some of the physicians testify that, in their opinion, medical treatment should have been first resorted to; but they generally agree that excision is the only cure, and that a removal is desirable for protection against other diseases. Most of the physicians testify that there is no great danger, and many of them that there is no danger from operating and then sending the child home.

His Honor examined at length the testimony of the physicians on the part of the plaintiff, showing the bearing of the evidence upon the case.

He remarked that if the plaintiff was entitled to recover, he was entitled to be remunerated for all the expenses to which he had been put; for the loss of the child in some sense. He cannot recover for the anguish of the child, but only for loss of services and expenses. He cannot recover for the loss of the service of the child until 21 years of age. The probable future services are not capable of calculation, and depend on too many chances; but the Court did not prescribe any limit to the prospective services.

The defence in this case, is, that the case was a proper one for an operation—that the advice given was proper. As to the operation, distinguished physicians have testified that in a case like this of chronic enlargement of the tonsils, the operation was the only proper course. There is no evidence to show that it was unskilfully done, but the testimony as to the reputation and skill of the defendant as a surgeon, shows that he was well qualified to perform the operation.

Was the advice to excise justified by the best lights of surgical science? There are different degrees of skill and learning in the profession. On questions like this, the defendant has called very properly the most learned and distinguished surgeons. The fact that from their superior skill and knowledge they have been called to public notice, is certainly not to their prejudice.

No one testifies that disease and death followed the operation. It is for the jury to decide upon the facts which have appeared in testimony, and if from these they are convinced that the death of the child resulted in consequence of the operation, or from the advice given by the defendant to return home with the child, then their verdict should be for the plaintiff.

But if the jury should find from the testimony that the case was a proper one for the operation—that it was skilfully performed, and that the advice to take the child home was justified, then their verdict should be for the defendant.

The jury retired, and after a short absence returned into court with a verdict for the defendant.

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#### STONE IN THE BLADDER—VARICOCELE.

From Dr. Mutter's Introductory Lecture, at Philadelphia.

THE danger, suffering, and frequent want of success attendant upon all mechanical methods of removing stone from the bladder, have induced several modern surgeons to reconsider the question of medical treatment by solution. The waters of Vichy, those of Recoaro, the various alkaline waters of England and this country, the administration of weak acids by the stomach in cases of alkaline calculus, and of alkalies in acid stone, and even the injection into the bladder of dilute acids, have all been recently recommended; but there are few instances in which the temporary relief that they sometimes afford, has been followed by a permanent cure. That the pain usually accompanying stone in the urinary passages has been relieved for a time, and the formation of calculous matter checked, by a judicious administration of these agents, there cannot be a doubt; but that a stone once formed has been *dissolved* through their exhibition, I do not believe. The cause of relief has been variously explained. Some, as Leroy d'Etoilles, account for it by supposing that the feeble solvent dissolves the outer laminæ of the stone, and is then checked in its action by the layer of animal matter which is found between all the concentric laminæ of a calculus. This layer of animal matter being less irritating than the hard, rough, stony one, the sufferings of the patient are diminished, and he fancies himself perfectly cured.

Others suppose, that by changing the characters of the urine, we render it less irritating. The mucous coat of the bladder—for example—being intolerant of an alkaline fluid, may possibly bear with perfect comfort the presence of an acid one, and *vice versa*. In alkaline stones, therefore, give acids; in acid ones, give alkalies.

Others attribute the benefit to the influence these agents exert in strengthening the whole system, especially the stomach and bowels, in consequence of which every organ performs its function correctly, and there is no secretion of sabulous matter.

Whatever explanation you adopt, recollect that in the use of these remedies, especially the strong alkalies, we may do a great deal of mischief by producing diseases of the stomach and bowels, and even of the urinary passages.

It is impossible for me to enter upon the discussion of the merits of the different new operations invented for the removal of stone from the bladder. Many excellent surgeons decry the crushing and grinding processes, while others of equal weight contend that they are admirably adapted to almost all cases. It may with truth be said, I think, that lithontripsy, which has gradually taken the place of lithotrixy, is an operation of the greatest value, and richly deserves being classed among the modern improvements in surgery; and, gentlemen, the establishment of its utility in



this country, at least, is due to Dr. J. Randolph, of this city, a surgeon who deservedly ranks among the first of the age, and a gentleman whose social virtues have endeared him to a large circle of friends. That the operation cannot supersede the use of the knife all acknowledge, but it is an error to suppose, where the case is properly selected, that it is a measure of equal danger and suffering with lithotomy.

Among those who still contend for the supremacy of the knife, is that excellent surgeon, Dr. Dudley, of Lexington, Ky., unquestionably the most successful lithotomist of the age.

While on this subject it may be well to call your attention to a recent operation by Chavasse, of Birmingham. To remove a calculus from the female bladder, he passed the "*bistouriè cachée*" along the meatus urinaris, and in withdrawing it, "cut the mucous membrane of the passage through its length and depth, leaving the other textures entire!" He then introduced a dilator and distended the passage so that the calculus could be removed with the forceps. The usual distressing result after other operations—incontinence of urine—did not take place.

No affection of the genital organs gives rise to more mental uneasiness and often physical distress, or is more frequently mistaken for other diseases, than varicocele. Hence we find surgeons constantly occupied in devising some plan for its relief; a few of the most recent of these curative measures it will be well for you to understand. The most simple, and probably the safest and least painful operation, is that proposed by Velpeau, and does not differ in the slightest degree from the usual operation of this surgeon for varicose veins in any other part of the body. Davat advises that the needle should *transfix* the vein, rather than pass beneath it as proposed by Velpeau; but the latter plan, in my opinion, is to be preferred. Ricord recommends the *subcutaneous ligature* of the veins by a process which he describes, but as yet the method has been scarcely employed. Breschet strongly recommends compression of the veins by a pair of forceps, the pressure to be kept up until the obliteration of the vessel is complete; but the measure is harsh, and not more successful than others of a less painful character. The method of Sir A. Cooper, which consists in cutting out a portion of the scrotum, has many advocates, although in my hands, it has generally failed to afford entire relief. The modification of this plan, recently introduced by Dr. N. R. Smith, of Baltimore, is very ingenious and highly creditable to the excellent and justly celebrated surgeon its inventor.

Many patients are exceedingly timid, and will not consent to the performance of any severe operation, and with such I have found acupuncture answer very well. The needle is to be passed every day or two through and through the largest veins, and thus by creating a chronic inflammation, we thicken the coats of the vessel and finally cause its obliteration. It is, however, a tedious process, and must be assisted by a suspensory bandage.



OBSERVATIONS ON SEMINAL AND OTHER DISCHARGES FROM  
THE URETHRA, WITH ILLUSTRATIVE CASES.

By Benjamin Phillips, F.R.S., Surgeon to St. Marylebone Infirmary, &amp;c.

It is now eleven years since first I applied lunar caustic upon the mucous membrane of the urethra, for the purpose of removing a tendency to frequent involuntary discharges of spermatic fluid. I adopted the plan in consequence of suggestions made by M. Lallemand in his "Observations on the Diseases of the Genito-urinary Organs," and I have much satisfaction in stating that my own experience goes far in confirming the accuracy of many of the views of those affections contained in his subsequent work. I should have been much disposed to let the system of which that accomplished surgeon is the author, make its way by the influence of his own pen, but I know opinions expressed in a foreign language are comparatively little read, and that full confidence is not always given to the facts which are recorded, and therefore it is that I have for some time intended to communicate to the profession the results of my own experience of the efficiency of the lunar caustic, as a remedial agent in many distressing cases of involuntary seminal discharges. It is probable, however, that I might have still further delayed the communication, had I not been pressed to make known the facts by some of my professional brethren, with whom I had seen several of the cases upon which my experience is founded. I conclude that what is interesting to a few to whom some of the cases are known, will be not less interesting to others to whom they are not known, and therefore it is that I now give them to the profession; in the hope that when confidence in the plan of treatment becomes more widely spread, some effort will be made to rescue this very distressing class of cases from the fangs of those harpies whose dens are daily advertised in the public papers; and who, for the most part, by the exhibition of tonics and balsams, keep up the hopes of their patients so long as their money lasts, when their desire to be useful ceases also. In this way the case is again thrown back upon the regular practitioner, with some other diseases, pulmonary or other, superadded to, and arising out of, their inability to cure the first.

Spermatic discharges are voluntary or involuntary: with the first we have nothing to do here; with the second alone we propose to occupy ourselves in the present communication.

Involuntary discharges are for the most part, if not altogether, caused by irritation set up in or about the ducts connected with the testicle. In some cases it may be doubtful whether the irritation by which they are excited may not have its seat in the rectum, as in Case 6; primarily there is no doubt it may, but Case 5 would lead to the supposition that secondarily the mucous membrane itself may suffer, and that, when the irritation in the rectum has ceased, that of the urethra may still keep up the mischief.

There are particular modes in which the urethral irritation is commonly excited; among these masturbation holds a prominent place: by this practice, the constant excitement of the seminal ducts ends by es-

tablishing a permanent irritation there ; it may likewise happen from excess in sexual intercourse, as in Case 2. Next to this cause we may range gonorrhœa or gleet discharges, which, from time to time, establish chronic inflammation in the vicinity of the orifices of the ejaculatory ducts. Then follows stricture, which by opposing an obstacle to the free passage of urine, ultimately causes the development of a morbid condition of the mucous membrane between the stricture and the bladder, as in Case 7. The same state of these organs may result from irritation within the rectum ; that irritation may be caused by fissures or piles, or by the presence of ascarides, as in Cases 5 and 6.

It is said that other causes are capable of inducing the same disordered action of the sexual organs, but as I profess in this place merely to point out such as have come within my own observation, I do not propose to consider others.

The mode in which the irritation, once set up around the orifices of the ejaculatory ducts, acts, is very much the same as obtains upon the application of irritation to the mouths of other ducts ; it solicits increased action in the organ with which they communicate. Irritate the bladder, and the kidneys are stimulated to increased action ; irritate the conjunctiva, and the lachrymal secretion increases ; irritate the duodenum, and it is said bile will be supplied in increased quantity ; it is unnecessary to carry the illustration further.

How does masturbation induce this irritation ? Within moderate limits it would not do so ; but if you give any canal too much to do, you will ultimately develope irritation in it, more especially at its orifice. If urine be passed too often, in cystitis, for instance, the orifice of the urethra becomes red, and the same thing happens to other conduits : it is in this way that masturbation or sexual excesses may develope irritation at the mouths of the ejaculatory ducts : it is in that way increased secretion is determined in the testicle ; and thus involuntary discharges, consequences of masturbation or excesses, are explained.

It is easy to explain how gonorrhœal discharges may induce a similar state of things ; in many cases, and especially when the discharge is obstinate, the inflammation upon which it depends is extended backwards until it reaches the neighborhood of the prostate ; where it may excite, on the one hand, the kidney, on the other the prostate, and on the third the testicle, inducing each of those organs to furnish more than its accustomed supply. That the inflammatory action under those circumstances is likely to fix itself there, is shown in two ways—the existence of stricture so commonly near that region, and the acute pain experienced beyond the curvature when a bougie is passed. Often the inflammation may extend to the bladder itself. Often it passes along the spermatic ducts to the testicle.

When involuntary spermatic discharges are caused by stricture of the urethra, the immediate exciting cause is the same as when they are consequences of other circumstances ; irritation of the mouths of the ejaculatory ducts. The irritation is then caused by the obstacle to the passage of the urine, and a state of chronic inflammation may be developed along



the mucous membrane from the stricture to the neck of the bladder, and may even extend into that organ, or along the ejaculatory ducts, as in Case 7.

Irritation within the rectum, when long continued, may extend to the sexual organs, and occasion the discharges which we are considering. Cases 5 and 6 are illustrative of this fact. In some cases the source of irritation of the sexual organs may continue to be confined to the rectum, and when that ceases the spermatic trouble may also cease, as in Case 6; but in other instances the spermatic disturbance may persist after the irritation of the rectum is cured, as in Case 5. There is no difficulty in accounting for this circumstance; the irritation, originally anal, has ultimately become urethral also, and will only yield to treatment directly applied to that part.

Every experienced surgeon has had ample opportunities of observing the intimate sympathy which exists between the bladder and the urethra, and the rectum. How an irritable bladder may make an irritable rectum; how piles, or other affection of the rectum, will occasion trouble in the bladder; how the application of caustic within the urethra will now and then induce spasm of the rectum; how, in the efforts made to empty the bladder, in many cases of stricture, a corresponding effort will be made by the rectum; it may not always be easy to explain, but they are facts commonly observed.

In most cases the evidence of involuntary spermatic discharges is clear enough, but the time comes when the ejaculation is unaccompanied by the ordinary sensations, and the patient may then be unaware of the extent of the evil. I have again and again known cases where the spermatic fluid passed with the urine; others, in which the effort at stool caused a pressure to be made upon the distended seminal vesicles, and their contents were squeezed out; but the fluid may not pass until the process of buttoning up is going on, and the evil may be undiscovered. Still, unless the disorder be very advanced, in most cases the person himself is aware of it when it passes with the urine, because it almost always passes with the last drops, and can then be detected, and because a certain sensation is experienced about the neck of the bladder. But when the medical man is consulted, he calls for the recently-passed urine, or requests that it may be passed in his presence, and at the bottom of the vessel he perceives small granular diaphanous particles; and they are seen floating even before the urine cools; if the evil be, however, very advanced, no peculiar sensation is experienced, and the granular matter may be undetected, and may assume a more uniform cloudy appearance. In cases where uncertainty remains with regard to the deposit, we may advantageously have recourse to the microscope, by means of which the little long-tailed animalcules of the spermatic fluid can readily be perceived. Under any debilitating causes, whether those causes be found in frequent spermatic discharges, disease, or old age, the fluid becomes much thinner, and the animalcules much less numerous, and they may be almost, if not altogether, wanting.

One of the general symptoms resulting from too frequent spermatic



discharges, which is most distressing to the sufferer, is a state approaching to, if not at the time, actual impotency. It is not that the seminal fluid, though deteriorated, is incapable of determining fecundation, but it is that the organs are wanting in the energy necessary for projecting the fluid into the uterus; the erection of the penis, if it exist at all, being only momentary. The digestive functions become deranged; the bowels constipated; nutrition languishes; respiration is troubled; the voice fails; the heart's action is interfered with, even to such an extent as to induce the belief of actual disease in that organ, as in Case 1, and hypochondriasis becomes complete. These things do not advance far without causing trouble in the nervous system, manifested by some perturbation of the senses, by headache, with great sense of weight or pressure, and they are accompanied by loss of memory; and timidity and apprehension which are very painful.

It must be evident to any one who takes the trouble to reflect on these things, that as the causes of these discharges are many, the treatment must also be variable. When the irritation is in the rectum, the case will require a very different course of treatment to one proceeding from stricture of the urethra. We will therefore make such general remarks as are proper with reference to the treatment of the several varieties of the affection which we have considered. First, when the cause is masturbation, or sexual excess:—the causes here are voluntary; the cure must also be voluntary. Lunar caustic will be powerless unless the patient has sufficient determination to abstain from the practice. But in many cases perfect abstinence will not suffice to put an end to the mischief; the *voluntary* discharges are got rid of, but they were persisted in so long that a permanent irritation has been set up in the verumontanum, and that irritation may, as we have already explained, excite equally injurious *involuntary* discharges: and here a remedy must be found by the surgeon. The first thing we have to do is to introduce cautiously a bougie, to pass it down towards the bladder; but before it arrives there, the patient will complain of pain, which is sometimes very acute; and the point at which the bougie has then arrived is usually a little in front of the prostate. The surgeon must then carefully observe how far the penis has been extended, and a mark must be made upon the bougie to indicate the depth to which the instrument has penetrated, because that is the point upon which the lunar caustic must be applied. The depth to which we must penetrate must be marked upon the caustic instrument, which is then introduced and gently passed to the proper point, when the caustic is uncovered and the membrane brushed over: as soon as that has been done, the caustic is again covered, and the instrument is withdrawn. In some cases the patient complains of a little heat when the caustic is applied; in others, the sensation spoken of is a coldness. I have more than once known some discomfort almost amounting to spasm at the anus, but altogether it is astonishing how rarely any complaint is made. At the next time of passing the urine, some smarting is usually experienced; it may continue through the day, but it is very bearable. In all cases it occasions a discharge, which is sometimes considerable,

and at first is thin and watery, but gradually becomes thicker, and in the course of a few days ceases. In a few cases the discharge is at first streaked with blood; and in a few rare instances there may be trifling hæmorrhage.

In most instances a feeling of improvement is early manifest, but the complete effect of the remedy cannot be estimated until the irritation has entirely subsided. Indeed, the amendment is almost always progressive, and frequently it happens, that when, by the end of the second or third week, not much benefit has been, apparently, derived, we are astonished by the change which has been brought about in another fortnight. If by the end of six weeks from the first application a very decided amendment, or a cure, be not produced, we may conclude either that an insufficient application of caustic has been made, or that the fatal habit is still persisted in. It has more than once happened to me to apply too little, but I have never had to accuse myself of applying too much. In any case a second application is indicated when the desired effect is not obtained from the first. More than two applications I have never had occasion to make; but I can easily conceive that circumstances might render a further recourse to the remedy proper.

[To be continued.]

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#### MEDICAL WRITERS GOOD PRACTITIONERS.

[Communicated for the Boston Medical and Surgical Journal.]

AN idea is prevalent in the world, and is even fostered among medical men, perhaps from interested motives, that medical writers are not generally the best practitioners. The very reverse of this is more generally the fact. The nature of their researches obliges them to become familiar with the opinions and practice of the best practitioners, and to treasure them up with the most scrupulous attention. A store of useful and practical information is always at hand, which is ever ready to be applied to the cases under consideration and treatment. Writers, too, always provide themselves with large and respectable libraries for the purpose of investigating all the subjects on which they treat, as well as for the intrinsic value of the information they obtain from the perusal of them. Dr. Rush observes, "If a physician obtain skill by his own solitary experience, how much more will he acquire by availing himself of the experience of several hundred physicians, which he can only obtain by availing himself of the opportunity of perusing a large medical library." And if it be true, which can admit of but little doubt, that a physician cannot accurately remember the details of his practice more than three years, of how much importance is it that he should be in the habit of recording all important facts and cases which may occur to his notice and observation, and be continually treasuring up fresh stores of knowledge by unwearied attention to books. A physician's studies are never finished till the close of life. I was always very much pleased with the following anecdote of Dr. Rush. "As two young physicians



were once conversing in his presence, one of them said—‘ When I *finished* my studies.’ When *you* finished *your* studies!’ said the doctor, abruptly ; ‘ why you must be a happy man to have finished your studies so young ! I do not expect to finish *mine* while I live.’ ”

Notwithstanding the above observations, we have too much reason to believe that a great proportion of practising physicians in America do not devote much of their time and attention to study after they commence the practice of their profession ; and it is from this mental idleness, as Dr. Rush observes, that “ it is no uncommon thing for an old physician (from his neglect of books) to be more ignorant than he was when he commenced the practice of his profession.”

Let it not be said that a physician has not time to record his experience or even to read. Some of the most extensive practitioners have been the most voluminous writers, and most industrious readers. In proof of this, we need only to mention the example of some of the fathers of our profession—such as Hippocrates, Galen, Celsus, Hoffman, Sydenham, Boerhaave, Van Swieten, Wistar, the Hunters, Monro, Cullen, and a host of others, almost all of whom were engaged in the most extensive and most lucrative practice, and were also authors of several most voluminous works. Dr. Good was one of our most elaborate writers. He has written several works, besides his great one on the practice of physic, yet the income of his practice was seven or eight thousand dollars a year. Sir Astley Cooper more than doubled the amount charged by Dr. Good in the same space of time ; and yet, he was continually furnishing the world, through the medium of his writings, with the result of his knowledge and experience. Innumerable other examples in Europe might be mentioned of a similar nature. In fact, the best and most learned writers there, were altogether the best and most successful practitioners. Dr. Clark and Sir William Jones may be added to this list. They never for a moment neglected the duties of their profession. Indeed they excelled in the practice of that profession, and they were among the most eminent in Europe, in science and literature.

Our own country, too, is rich in examples to prove that our best practitioners are, and ever have been, our ablest writers. Among our deceased medical men we need only mention the immortal names of Rush, Barton, Redman, Wistar, Dorsey, Dewees, Physick, Parish, Ramsay, Miller, Hosack, Godman, Eberle, Warren, Gorham, and numerous others, whose writings alone would fill a decent library. Among the living we take great pleasure in enumerating the names of Jackson, Warren, Bigelow, Hale, Ware, Hayward, Shattuck, Smith, Holmes, Woodward, and many others in Massachusetts ; of Parsons, Senter and others, in Rhode Island ; of Tully, Ives, Sumner and others, in Connecticut ; of Mott, Beck, McNaughton, Reese, Paine, Lee, Forrey, the Smiths, Delafield, *cum multis alias*, in New York ; of the venerable and learned Coxe, Sam’l Jackson, Hays, Gerhard, the McClellans, Horner, Gibson, Bache, Dunglison, Wood, Bell, and innumerable others, in Philadelphia ; not forgetting the names of N. R. Smith, Annan, Sewall, and others, at the South ; and Gross, Drake, Cartwright, Mussey, Hildreth and Kirtland,



beyond the Alleghanies. Let no one accuse me of partiality in this enumeration. I am sensible that I have omitted the names of very many who have been equally successful with their pens, and in their practice. My object was not to give a list of our celebrated writers, for that would fill a sheet, but to mention a few which, without much reflection, presented themselves to my mind in illustration of the truth of the opinion that our ablest and most elaborate medical writers are also our *very best practitioners*.

\*W. W.

January 8th, 1843.

### CAUSE OF EPIDEMICS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Much has been said and written, by eminent medical men, on the theory of epidemic diseases of different kinds. They have taxed their ingenuity to discover a cause sufficiently general to account for wide-spreading maladies, or local diseases, suddenly springing up in distant and different parts of a country, continuing a while, and then disappearing. The following remarks are at your disposal.

In Vol. XXIV., page 277, of your Journal, Dr. J. Comstock has commenced a series of essays on the theory of the causes of epidemic fevers, and extended them to No. 8. He thinks they cannot be marsh miasmata or putrid animal or vegetable effluvia in winter, because then they could not possibly exist. All these causes he abandons, and ascends Mont Blanc and other high mountains, and to his great satisfaction finds travellers ascending such mountains to be affected with all the symptoms of disease, witnessed in spotted and typhous fevers, and other winter epidemics. He seeks for all the causes in the weight and temperature of the atmosphere, and thinks he finds them there. This aerial province has long been travelled over without satisfying either the writer or reader. I propose a new theory, founded on facts which I have a long time witnessed, namely, the circulation of water through the crust of the globe. The origin of rain or snow storms, is not the evaporation from the sea and other bodies of salt or fresh water, but from an increased rush of water into and through the crust of the section of country where such storms happen. The rise of water in wells and springs (unless near ponds, rivers or the sea) precedes the fall of rain or snow invariably. After a drought of one, two or three months, the water in wells surely rises before a fall of rain, clearly showing storms to be from a local, and not from any general cause. The origin of all fresh water in wells, springs and fountains within the earth, is far beneath us, the water being forced up by a power equal to producing such an effect. Facts in confirmation of these statements are very numerous and almost everywhere to be met with.

The quality of water in wells and other fountains in the earth, varies from month to month, and even from day to day, by holding in solution different proportions of mineral and earthy matters; and the purity of the

water depends almost entirely on the absence of such matters: while the quality of the atmosphere is much the same at all times, and in all places.

In the circulation of the water through the earth, we have a cause sufficiently extensive, and of sufficient power to produce epidemics of all and every description with which the earth is visited. I believe all influenzas and epidemics come to us by the water in the form of drink, or mixed with food; or by evaporation, filling the atmosphere near the earth's surface, at certain times, and in specific places, with gases, or matter in extreme division, affecting extensive districts at the same time, in this or that manner, by such vapors being inhaled. Colds, coughs, sore eyes or throats, or diseases of the stomach, may chance to be among the evils.

In the water, then, we have an active cause forever at work, ready to manifest itself whenever the system is unable to resist it. At one time man is the subject of such disease: at another, the brute; which can be accounted for only on the principle, that what is salutary to one kind of being is injurious and even fatal to another.

DANIEL MOWE.

*Lowell, Feb., 1843.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FEBRUARY 15, 1843.

*Regulations of the New York State Lunatic Asylum.*—The managers of this great institution, located at Utica, have adopted a code of rules and regulations for the government of the establishment, which is published and circulated for the information of the public. First, the duty of the managers is defined; next, that of the resident officers and the attendants of patients, &c. Then there is order inculcated in regard to stated hours for meals, and so on, till no point is left unconsidered which might be of consequence to the stability, character and efficiency of the institution. As a whole, it seems to be an unexceptionable system of domestic laws, which, if carefully practised upon, will accomplish all that was contemplated by the friends of humanity, who organized the Asylum. Dr. Brigham, the Superintendent, has had sufficient experience to make him an exact disciplinarian, and a vigilant watchman in regard to the observance of the laws which are to be obeyed by himself and his numerous assistants.

*Kelley's Philosophical Medical Journal.*—By mere accident, a quarto sheet, of eight pages, with this title, has fallen in our way. It purports to be published monthly in New York—where it is edited by a prodigiously furious champion of equal rights in physic, one J. Clawson Kelley, at the small sum of fifty cents a year. It is evidently intended to be the herald of Mr. J. Clawson Kelley alone—for it knows no other candidate for fame. He starts off, like a pioneer into a new country, by announcing that, "Our principles are of an entire different character, both in theory and practice, from the regular faculty, Thomsonians or homœopa-



thics. Our system is entirely new, and, at least, as far as we know, an original one, differing widely from all those that have preceded us." Of this there can be no question, as a catalogue of editorial medicine follows, which is altogether a new feature, and in name without a rival. Dr. Kelley is a rolling stone, and therefore gathers more honor than moss, as may be seen by the fourteenth page, which is liberally supplied with certificates of desperate cures by the editor of Kelley's Philosophical Medical Journal, when all other efforts had failed. There is no suspicion of trick in this, it being quite certain that he wishes the reader to think him an honest man who has at heart the best good of his suffering fellow creatures, or he would not give himself so much trouble. Then, again, he cries out right lustily against quacks and all kinds of knavery in medicine, and therefore it is plain that he is a philanthropist of enlarged views, willing to keep death at bay for a trifle. Like a wandering comet, his orbit is in no particular place; but in the course of one lunation he is to be seen at Boston, Norwich, Conn., New York, and Providence, R. I. Dr. Kelley is a sort of modern Hercules, who battles it with consumptions, which he controls, wizard like, by the movement of certain mysterious preparations, which have doubtless cost him vast research into the labyrinths of nature. It required the genius and profound attainments of the editor of Kelley's Philosophical Medical Journal to compound the following farrago of unparalleled remedies—the cost of which is so very reasonable, that those who would object to the price, would object to being hung.

"For consumption, *Pulmonicon Syrup*, \$3.00 per bottle; *do. powders*, \$1.00 per package; *medicated wrappers*, \$4.00 per package.

*Vegetable Rob*, for diseased liver—consists of a bottle of syrup and two boxes of pills, price \$3.00.

*Antiseptic Detergent*, consists of a bottle of syrup and two boxes of pills, price \$3.00.

*Scrofulous Syrup*, for scrofula, price \$3.00 per bottle.

*Detergent Balsam*, for diseases of the kidneys, \$2.00 per bottle.

*Invigorating Cordial*, for debility, particularly that peculiar to females, price \$2.00 per bottle.

*American Vegetable Health Pills*—an article we have great confidence in—a valuable family medicine, one which can at all times be resorted to, with perfect safety, and acts without pain or debility, rendering the bowels regular after their use, price 25 cents per box.

*Reviving Cordial*—an article which cannot be too highly appreciated from the benefits derived from its use, where that weak, sinking, and fainting sensation is felt at the pit of the stomach. It removes flatulence, and invigorates not only the stomach and appetite, but the whole system, price 25 and 50 cents per bottle.

Together with a general assortment, for various affections, as fevers, inflammations, rheumatisms, diarrhœa, &c."

How sickening is such an exhibition as this to a high-minded, educated physician. And yet it is a fair sample of the thousand schemes of illiterate, presuming impostors, who impress the vulgar public favorably; but only maintain their influence long enough to pick the pockets of their silly patrons, who are left, as flies leave a carcase when the bone is bare.



*National Institute—Medical Department.*—Great efforts are making by this newly organized association, which promises the most gratifying results for the progress of science in the United States. As the general character and objects of the institution are familiar to all newspaper readers, it would be useless to say more in this place, than that provision is made for the archives of medicine, and an active effort is making to give both character and immediate efficiency to this department. Drs. Thomas Sewall, John M. Thomas, Marcus Buck, Harvey Lindsly, and James Wynne, constitute a committee, who have addressed circulars to professional gentlemen throughout the country, it is presumed, the essentials of which are embraced in the following numerical order.

1. What is the medical topography of your district or section of country, and have you any extensive sources of malaria?
2. What has been the effect of agriculture, the felling and clearing off the forests, the draining and cultivation of the soil, upon the climate, upon the health of the inhabitants, and upon the character of disease?
3. What manufactories are there in your district, and what is their effect upon the constitution and health of the operatives?
4. What epidemic and endemic diseases have occurred under your observation, or of which you can get a correct account from others?
5. What has been the character of the fevers of your district, what the cause, what the most successful mode of treatment, what the pathological changes found upon examination after death, and how far is there proof that they have under any circumstances been transmitted by contagion?
6. What change has taken place in the type of disease within a series of years in your district, and to what is such change to be ascribed?
7. What is the average duration or probability of human life in your population; has it increased within a number of years, and in what proportion, and from what causes?
8. What is the relative degree of health and longevity of the whites and blacks, the increase and mortality of each?
9. What is the relative degree of health, longevity, and increase of the slaves and free blacks; which suffers most from the influence of our epidemic diseases; and what are the causes which produce different results in these respects upon the two classes?
10. What is the annual number of marriages, births, and deaths, to each thousand of your population, and what is the proportion of male and female children born?
11. Have you any cases of great longevity; what have been the occupation and habits of such persons, and were they natives of your district or emigrants, and from what country and place?
12. Have you any persons who live exclusively upon a milk or vegetable diet, and what is the apparent effect of such diet upon the duration of life, the health, strength, and activity of the body and mind?
13. What has been the effect of the temperance reformation upon the strength and health of your citizens?
14. The history of any interesting cases of disease which may have occurred under your observation, and especially in which the pathology was ascertained by post-mortem examination, will be regarded as valuable. The discovery of new therapeutic agents, or the new application of old ones; also, meteorological observations, with whatever else illustrates the origin, progress, nature, and cure of diseases?

15. Pathological specimens of morbid structure, with an accompanying history of the origin, progress, and termination of the cases, will be acceptable. Such specimens will bear the name of the donor, and be placed in the National Museum.

16. As one object of the Institute is the formation of a Library, the presentation of a copy of medical works, by the author or others, would be gladly received.

All communications should be addressed to FRANCIS MARKOE, Jr., Esq., Washington Corresponding Secretary of the National Institute.

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*Poorly-educated Surgeons.*—From the statement of the U. S. Surgeon-general, copied into this Journal recently, it appears that of seventeen applicants for commissions as assistant surgeons, ten only were examined by the army medical board—and *two* only of the ten approved! This was not very creditable to the schools where they were dubbed doctors. The rejected ten, thus ascertained to be unfit to prescribe in the army, are permitted, however, to inflict upon the community at large their ignorance in the form of medications, that may either cure or kill. If the board of medical examiners, of which Dr. Moore is a conspicuous and worthy member, would publish the names of the rejected applicants, they never would have occasion to turn aside a second phalanx of medical aspirants; as these would take special care in all future time to be satisfactorily and eminently qualified.

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*County Medical Societies in Vermont.*—Of late a commendable spirit of activity has been shown in Addison County, by the medical practitioners, that might be imitated elsewhere, with profit as well as pleasure. On the 9th instant a meeting was held at Vergennes, to discuss the question, "What are the symptoms of disease demanding the use of the lancet?" Drs. A. Hall, of New Haven, J. Rice, of Bridport, and J. A. Allen, of Middlebury were each expected to give a written discourse upon the above question.

If every county in the State were but to revive in the same manner, an impulse would be given at once to the progress of medical science. With two flourishing schools in the State, it is inexcusable not to encourage those who are coming from them into the profession, with frequent opportunities of knowing something of the experience of their seniors.

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*Hungarian Balsam of Life.*—A new quack article—a nostrum as worthless as the countless cargoes that have been sold before its invention—has succeeded so well in duping the afflicted in the western part of Massachusetts, that Dr. Knowlton, of Franklin County, has undertaken, in the Franklin Democrat, to apprise the public of the true intent of the venders, besides setting forth its utter inutility. But there was no necessity for the undertaking, since all experience shows that any opposition to a popular panacea like this increases the patronage. This Hungarian farrago of stuff, represented by the doctor to be without medicinal value and wholly beneath contempt, purports to come from England, though we are assured it is manufactured in Boston, by a person whose name is not entirely concealed under a bushel.



*Diseases of the Urinary Organs.*—From the fifth London edition of Sir Benjamin C. Brodie's lectures on the Diseases of the Urinary Organs, Messrs. Lea & Blanchard, Philadelphia, have given an American edition, with alterations and additions. In what manner the alterations have been made, we have not yet ascertained; but presume that a peculiar correctness is given to the text, under the eye of some critical reader, who may have also added something to adapt the work to the condition of things in this country. This, however, is altogether hypothetical, in consequence of having been too much occupied to give it a thorough perusal. The character of these lectures stands deservedly high—not only the periodicals of this country and Europe have detailed their excellences, but in other forms they have reached the medical public wherever the language in which they are written is understood. Being now in a neat volume, unincumbered by other matter, it recommends itself to the notice of all active practitioners as a faithful counsellor.

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*State of Medicine in Turkey.*—An hospital for instruction has been recently opened in Constantinople in the medical school of Galataseraï. It consists of a medical, surgical, and ophthalmic clinic, each of which contains fifty beds. It is distinguished by its cleanliness, comfort, elegance, abundant funds, and good management, in which it may be fairly ranked with any similar European establishment. Its chief officer is Dr. Bernard, who contributed greatly to its establishment; and the second officer is Dr. Hermann, inspector of the military hospitals. The medical school possesses everything which such an institution requires; an anatomical, mineralogical, zoological, and physical museum, a clinical laboratory, botanic garden, library, hospital, and a well arranged dissecting-room in which the bodies, even of Mussulmen, are dissected. All that is wanted is a midwifery institution. The great jealousy of the Turks is an important obstacle to its establishment, but it is hoped that this may in time be overcome.—*Allgemeine Medic. Central Zeitung.*

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*Chances of Cure for Hare-lip.*—M. Roux has now operated for this deformity above 100 times. In cases of "division simple," that is, we presume, when the division extends no further than the lip, success has attended the operation about twice in three times; but in complicated divisions, or when the fissure has extended to the palate, &c., only one-third of the operations have been thoroughly successful. In this, then, we may consider that we are possessed of tolerably fair data for calculating the chances of success or failure of the operation.—*L'Experience.*

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*Medical Miscellany.*—The fourth annual report of the Directors and Medical Superintendent, Dr. Awl, of the Ohio Lunatic Asylum, is published; it is an interesting document.—Dr. Andrew Alexander, of Boston, has analyzed the Mesmeric doings in this city, with the learning of a philosopher, and the cutting severity of one who is not afraid to tell some of the operators to their faces what he thinks of their impositions.—Another Quarterly Summary of the Transactions of the Philadelphia College of Physicians is published, and is far more interesting than the



last.—Berzelius, the universally celebrated Swedish chemist, came near being killed, a short time ago, by the bursting of a retort, in his laboratory, in Stockholm.—A colored woman died within a few weeks, in Providence, R. I., at the age of 100 years.—One death recently occurred at Dover, N. H., by smallpox, but it is announced that no more cases exist in that town.—Dr. Jewett, the celebrated lecturer on temperance, is still in the field, exerting a powerful influence in the great moral reformation which was so much needed.—Yellow fever prevails frightfully at Guayaquil; the population has been reduced by it to 4000. Those who did not die, fled from the place. Very many distinguished persons fell by the dreadful disease.—Surgeon Lowe, an insolvent debtor, in London, when before the court, ascribed his insolvency to the circumstance of having been induced to take a large professional establishment in St. James's street, relying upon the fact of his having gained considerable notoriety when Oxford fired at her Majesty, he (the insolvent) being the person who first seized the miscreant after his villainous attempt. He incidentally mentioned that Prince Albert had bought some trifling articles from him to the amount of about £70.—A valuable Newfoundland dog was lately sent to the Veterinary College, where he died. He was opened, and it was then discovered that the poor animal had swallowed a stone about the size of an egg. This stone had lodged in the centre of the stomach. It appears that the Duke of St. Albans, his master, was in the habit of throwing stones into the water for the dog to dive after, and it is supposed that in bringing one of the stones up he swallowed it.—The editor of the London Sun says that "Dr. Turnbull deserves well of his fellow men, and we heartily wish him success." He had reference in this high praise to the doctor's discoveries in medicated or iodine baths—now established in this city by Dr. Durkee.—The Supreme and Chancery Courts were both compelled to adjourn and quit all business at Jackson, Miss., on account of the fearful spread of the smallpox.—Dr. Grant, the missionary physician, was at Asheta, amongst the Nestorians, at the last date.—Dr. Peter Parker, the bold American surgeon, formerly stationed at Canton, was at Angier, on the Island of Java, September 18th.

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TO CORRESPONDENTS.—The communications of R. C. came too late for this No.—A letter to the editor, from New Hampshire, will be attended to next week.

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ERRATUM.—In last week's Journal, p. 22, line 2d of the report of Dr. Townsend's operation, for *five years* read *five months*.

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MARRIED,—Wm. B. Reed, M.D., of Amherst, Mass., to Miss E. S. Hawks.

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DIED,—At Montreal, Canada, Thomas Bulkeley, Esq., M.D., surgeon of the 71st Light Infantry.—At Madura, Indostan, October 6, Dr. John Steele, of consumption. He was in the foreign missionary service, an excellent man and a devoted Christian.

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Number of deaths in Boston for the week ending Feb. 11, 29.—Males, 15; Females, 14. Stillborn, 5. Of consumption, 5—dropsy, 2—mortification, 1—disease in the head, 1—lung fever, 1—disease of the heart, 1—bleeding at the lungs, 1—intemperance, 1—convulsions, 1—dropsy on the brain, 1—smallpox, 2—child-bed, 1—inflammation of the bowels, 1—scarlet fever, 2—throat distemper, 1—infantile, 1—marasmus, 1—old age, 1—erysipelas, 1.

Under 5 years, 12—between 5 and 20 years, 4—between 20 and 60 years, 11—over 60 years, 2.

*Nursery Treatment of Infants, submitted to Prince Albert, by Joshua Waddington, M.R.C.S.*—No other kind of milk to be given to an infant in addition to the milk of the mother or wet-nurse.

The less rocking the better.

When asleep, to be laid upon its right side.

The best food is "Lemann's biscuit-powder," soaked for twelve hours in cold spring-water, then *boiled* for half an hour, not simmered, or it will turn sour. Very little sugar to be added to the food, and then only at the time when given.

Sweets, of every kind, are most injurious, producing acidity, flatulency, and indigestion, sores in the mouth, and disordered secretions.

An infant will take medicine the more readily if made lukewarm in a cup placed in hot-water, adding a very little sugar when given.

The warm-bath (at ninety-four degrees of heat, not less, for ten minutes, every other night) is a valuable remedy in many cases of habitual sickness or constipation.

"Soothing-syrup," sedatives, and anodynes, of every kind, are most prejudicial. They stop the secretions. A very small dose of laudanum given to an infant may produce coma and death.

When an infant is weaned, which is generally advisable at the age of nine months, it is of the utmost importance that it be fed with the milk of one cow, and one only (a milch-cow), mixed with "Lemann's biscuit-powder" (prepared as before directed) and very little sugar.

Boiled bread-budding forms a light and nutritious dinner, made with stale bread, hot milk, an egg, and very little sugar.

When an infant is twelve months of age, bread and milk should be given every night and morning: stale bread toasted, soaked in a little hot-water, and then the milk (of one cow) added cold.

Solid meat is not generally required until an infant is fifteen months of age, and then to be given sparingly, and cut very fine. Roasted mutton, or broiled mutton-chop (without fat), is the best meat; next to that, tender lean beef or lamb; then fowl, which is better than chicken; no pork or veal; no pastry; no cheese; the less butter the better.

An infant should not be put upon its feet soon, especially while teething, or indisposed.

Avoid over-feeding at all times, more particularly during teething. It is very likely to produce indigestion and disordered secretions, the usually primary causes of convulsions, various eruptive complaints, and inflammatory affections of the head, throat, and chest.—*London Lancet*.

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*Antidotes for Arsenic.*—M. Rognetta, in an answer to M. Orfila, addressed to the French Academy of Medicine, asserts, that the most efficacious remedies against the poisonous effects of arsenic are wine, brandy, warm drinks, opium, the application of heat, &c.; agents, as he says, which have a therapeutic action directly opposed to that of the poison, restoring instead of diminishing the powers of life. M. Rognetta's experiments, leading him to this opinion, were performed on a considerable number of horses; and he denies that the diuretic remedies, such as the nitrate of potass, carbonic acid gas, &c., recommended by Orfila, have any sanatory effect, or, indeed, that they will have the slightest action on the kidneys, in animals to which a large dose of arsenic has been administered.—*Ibid*.



T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 3.

SUICIDE IN GREAT BRITAIN.

[THE Third Annual Report of the Registrar-general of Births, Deaths and Marriages in England, contains, as did the two former reports, a letter from Mr. Farr to the Registrar-general on the causes of the deaths. His remarks on suicide, as abridged in the last No. of the British and Foreign Medical Review, we give below.]

The tendency to commit suicide, Mr. Farr remarks, appears to increase up to the age of 60, and to be then more than three times as great as at the age of 25. These points he illustrates by a table of the ages of 1985 suicides, which occurred in 1838-39. From this table it appears that to 10,000 living at each period the suicides were, from 10 to 15, 0.7; from 15 to 20, 3.9; from 20 to 30, 5.9; from 30 to 40, 9.1; from 40 to 50, 14.0; from 50 to 60, 19.3; from 60 to 70, 19.0; from 70 to 80, 15.0; and from 80 to 90, 10.3. We regard it as an extraordinary fact that two persons are recorded as having committed this crime, aged from 90 to 100.

Pursuing the subject of suicide, the Report presents a table illustrative of the relative prevalence of this crime in different localities. The proportion is highest in the metropolis, being there 10.9 to 100,000 inhabitants; next to this discreditable preeminence stand the south-eastern counties, bordering on the metropolis, where it is 8.4 to 100,000; the range in other parts of England is from 6.8 to 4.4, which is the proportion in the western counties, whilst in Wales it is but 2.2. The proportion throughout England and Wales is 6.3; and the total number in the year was 2001. The greatest number of suicides occurred in the spring and summer; when crimes attended by violence, and also attacks of insanity, are also most common. Thus, in April, May and June there were 563; in July, August and September, 538; in January, February and March, 484; and in October, November and December, 465. The suicides in males were considerably more than double those in females; for of the 2001 examples of this crime, 1387 occurred in the former and 614 in the latter sex, the proportion being as 23 to 10.

"Of 162 ascertained suicides," says Mr. Farr, "of the age of 20, and upwards, whose occupations were stated, 18 were laborers, 10 tailors, 8 shoe-makers, 6 seamen (1 of the 6 was a commodore, 2 were captains), 5 licensed victuallers, 5 servants, 4 merchants, 4 coachmen, 4 bakers, 4 paupers, 3 medical men, 3 officers or soldiers, 3 clerks, 3 engravers, 3



cheesemongers, 3 weavers, 3 smiths, 3 masons, plasterers or house-painters, 3 gardeners, 2 attorneys, 2 watermen, 2 beadles, 2 printers, 2 moulders, 2 saddlers, 2 tobacconists, 2 shopmen ;" and there was 1 of each of about fifty other occupations.

The tendency to suicide is least among persons carrying on occupations out of doors ; and greatest among artisans who are weakly from birth, are confined in-doors, have their rest disturbed, or have little muscular exertion. The statistical illustration of this point shows that 1 in 9382 masons, carpenters and butchers committed suicide in the year ; and 1 in 1669 tailors, shoe-makers and bakers ; the tendency to suicide in the first class being as 1 to 5.6 in the second. A similar result is obtained by comparing the suicides in the class of laborers with those among artisans and tradespeople ; for the tendency to suicide is more than twice as great among artisans as it is among laborers, in the former class the proportion being 6.0 to 10,000, in the latter but 2.9 to the same number. In the miscellaneous class, designated by Mr. Rickman "capitalists, bankers, professional and other educated persons," the proportion is 4.9 to 10,000.

Mr. Farr does not grant much force to the opinion of M. Roué and certain theoretical writers, that suicide is most common where education is most diffused. He admits that in England suicide is most frequent in the metropolis, the south-eastern counties, and the northern counties, where the greatest number can write, and is the least frequent in Wales, where the proportion of persons signing the marriage register with a mark (the Registrar-general's test of a deficient education), is the greatest. But he remarks very particularly regarding these facts :

"There is a general, but no constant, relation between the state of education, thus tested, and the commission of suicide. It may be admitted that there is some relation between the development of the intellect and self-destruction ; but the connection must be in a great measure indirect and accidental. In opposition to the arguments derived from agricultural districts and laborers in towns, there is the fact that suicide is more frequent among several classes of artisans than it is among better-educated people. If the progress of civilization is to be charged with the increase of suicide, we must therefore understand by it the increase of tailors, shoe-makers, the small trades, the mechanical occupations, and the incidental evils to which they are exposed, rather than the advancement of truth, science, literature, and the fine arts."

Apparently to show the distinction between the influence of education, abstractedly considered, and circumstances with which a certain amount of education is occasionally associated, Mr. Farr mentions the facts, that about 2.0 to 10,000 persons assured in the Equitable Society, and 7.8 in 10,000 dragoons and dragoon-guards, have been ascertained to commit suicide every year.

We can see no reason for supposing that education gives a tendency to suicide ; but those districts in which education—indicated by the proportion of the population who can write—is most diffused, contain the most numerous class of artisans occupied within doors. Now there is

in such persons, as compared with a sailor or agricultural laborer, a low state of health, and a morbid sensibility which may give a proneness to self-destruction. As a general rule, these trades are least exposed to accidents; and Mr. Farr remarks that the mind left unexcited by natural dangers imagines and creates causes of death. We would say rather, that the individual rendered morbid, moody and sensitive by seclusion from free air, variations of temperature, muscular exertion and light, sees in the circumstances around him—viewed through the diseased condition of mind which these very circumstances have engendered—a reason why life is no longer desirable, and, consequently, an incentive to the act of suicide.

Regarding this crime, Mr. Farr suggests:

“That some plan for discontinuing, by common consent, the detailed dramatic tales of murder, suicide and bloodshed in the newspapers, is well worthy the attention of their editors. No fact is better established in science than that suicide—and murder may perhaps be added—is often committed from imitation. A single paragraph may suggest suicide to twenty persons; some particular chance but apt expression seizes the imagination, and the disposition to repeat the act in a moment of morbid excitement proves irresistible. Do the advantages of publicity counterbalance the evils attendant on one such death? Why should cases of suicide be recorded in the public papers, any more than cases of fever?”

We should certainly see no objection to stripping tales of murder, suicide and bloodshed of their dramatic character: on the contrary, we should think it highly desirable, if they are invested with such an one; but we are by no means convinced that the evils of *ungarnished* publicity transcend its advantages. Even in the case of suicide, where the advantages of publicity are less manifest than in that of other crimes, is there not much reason to suppose, from our knowledge of the mental state of those having a suicidal tendency, of which state sensibility even to a morbid extent is a prominent feature, that the certainty of exposure by the public press, and the disgrace which such exposure would entail on their memory and their kindred, may have in many instances a preventive effect? that the mind which had not quailed before the dread of death, may have been deterred from the crime by the fear of disgrace? In the case of other crimes—murder, for instance—the advantages of publicity are still more manifest; for the instances, we have reason to know, are numerous where information circulated by newspapers throughout the country, has led to the discovery and apprehension of the criminal.

In the following suggestions, however, for the prevention of suicide, we cordially concur:

“It may be remarked that the artisans most prone to suicide are subject to peculiar visceral congestions; that suicide is most common to unhealthy towns; and that the influence of medicine on the mind and on the unstable or ungovernable impulses which are often the harbingers of suicide, is incontestable. To place the shoe-maker, tailor, baker or printer in the same favorable circumstances with respect to air and exercise as carpenters and masons, would be impossible. But the workshops



of all artisans admit of immense improvements in ventilation. Cleanliness is greatly neglected. Neither the men nor all the masters appear to be aware that the respiration of pure air is indispensable; that the body requires as much care as the tools, instruments and machines, and that without it neither the body nor the mind can be kept in health and vigor. The new parks and public walks will afford the artisan an opportunity of refreshing his exhausted limbs and respiring the fresh air; and the health and temper of the sedentary workman may be much ameliorated by affording facilities in towns for athletic exercises and simple games out of doors, which, while they bring the muscles into play, unbend, excite and exhilarate the mind. Moral causes and the regulation of the mind have perhaps more influence on the educated classes; but all must derive benefit from out-door exercise."

#### ON PHTHISIS PULMONALIS.

[A WORK on Morbid Anatomy, by Dr. Rokitansky, a German writer of some celebrity, is noticed in the last No. of the British and Foreign Medical Review, from which we copy the following on Pulmonary Consumption.]

*Phthisis Pulmonalis*.—The section which Rokitansky has devoted to pulmonary phthisis is one of the best of the volume; it is so good that, though the subject may be thought by some to have been long ago exhausted, it merits a careful abstract. Of tuberculous disease of the lungs he says, there are two distinct forms, namely, interstitial tubercular granulation, and tubercular infiltration or infiltrated tubercle. In the latter the morbid substance is effused in the air-cells themselves, in the former in their interstices.

The tuberculous infiltration is "hepatization by a tuberculous product." An ordinary croupous or plastic pneumonia deposits its usual product; and this, under the influence of a tuberculous diathesis, instead of being absorbed or becoming purulent, passes through various discolorations, and is metamorphosed into the yellow tubercle; in other words, it is tuberculized. The several stages from the fibrinous to the tubercular matter may be distinctly traced.

The infiltration may be *general*, or, as it is much more commonly, *lobular*, or *vesicular*, and this last is Bayle's pulmonary granulation. (?) It is, however, rarely a primary form; but occurs usually in advanced stages of the granular tuberculosis. It indicates a phthisis which has run a tumultuous, acute course, with frequent attacks of pneumonia. It occurs especially in young subjects, and is always accompanied by enlargement and tuberculous disease of the bronchial glands.

The tubercular granulations may be deposited either singly or at greater or less distances, or in groups; and this *grouped* form is always to be distinguished from the *confluent* variety, in which all the single granulations are closely set together. The tubercular granulation, in any of these forms, appears first, either as the gray obscurely-transparent mass, of the



size of a millet or hemp seed ; or (as in many cases of acute tuberculosis), as a granule smaller than a grain of sand, clear, transparent, and like a vesicle ; or, in an intense degree of the tuberculous diathesis, it may be deposited at once as the yellow tubercle. In whichever form it occur, its outlines are never sharp, though they seem so ; for little processes may be traced from them into the surrounding tissue.

The granulations thus formed gradually coalesce, and this occurs most quickly when they are from the first arranged in groups. In this state they form a mass of any shape or size, completely overwhelming the pulmonary tissue, which can be traced in it only by its infiltrated black matter, and a few bloodvessels ; but they are still quite distinct from tuberculous infiltration.

The tubercles in the lungs undergo the same peculiar metamorphoses as in other organs, passing through the state of softening to the formation of the cavity or vomica. Each discrete gray granulation softens from its centre, which becomes turbid, more opaque, and friable, and at last fluid. The groups present similar softenings at the centre of each of their component tubercles. From the former results a small ulcer ; from the latter, when all the tubercles have gone through the same process, a larger ulcer or cavity ; and Rokitsansky dwells particularly on the mode in which these cavities enlarge.

The cavities thus formed, he says, spread by the successive changes of tuberculization, softening, breaking down, and removal of their walls in a regular eccentric progress ; and when these go on rapidly the wall of the cavity consists of nothing but pulmonary tissue infiltrated with tubercle. As they approach, the cavities coalesce, and communicate by sinuses or apertures of various size, or all are laid into one.

But in a slower progress of the disease a more healthy inflammation is set up around the cavity. An albuminous, grayish-white, or reddish product is deposited, which closes, and ultimately produces a wasting of, the air-cells. It may be converted into a grayish or blackish layer of dense and rough cellular tissue ; and it may be either persistent, or may have tubercles formed within or beneath it, and breaking through it. At the same time also with this effusion without the cavity (which constitutes the *infiltration tuberculeuse gelatiniforme* of Laennec), albumen is effused in a layer of soft false membrane within it. But this is probably repeatedly thrown off as tuberculous matter collects beneath it, breaks through it, and carries it away with the pus of the cavity ; and it may be assumed that in accordance with improvement or deterioration of the patient's health, and as the disease tends towards cure or towards increase, so either this albuminous product or tubercle is produced upon the walls of the cavity.

But in certain cases these albuminous effusions, which are always indications of curative processes, proceed to a proper cure. And they are not the only modes in which tuberculous disease may be brought to a favorable conclusion ; for in several distinct circumstances its progress is arrested. 1st. There may be a callous degeneration of the tissue around the cavity, or the formation of a membrane within it like a serous or a

mucous membrane ; the former being usually found when the disease is tranquil, the latter when there is much irritation. 2d. The cavity may completely cicatrize, its walls gradually falling in and uniting, with obliteration of the bronchi, and sinking in of the surface of the lung, and perhaps of the wall of the chest also. 3d. The cavity may, after partially shrinking, be filled with chalky matter from the metamorphosis of some remaining tubercle. 4th. In the place of the cavity there may be produced a large callous mass of tissue, like that of cicatrices. Or, 5th. The tubercle may not proceed to the formation of the cavity, but being arrested in its earlier progress, may diminish in size, and be changed into a gray or dirty-white mass of chalky matter, and at last into a hard concretion ; changes which may ensue in either the granular or the infiltration form. And, lastly, at a still earlier stage, the tubercle being arrested in its progress may retrograde and become *obsolete*, shrivelling into an opaque, bluish-gray, cartilaginous knot, which is indisposed to any further metamorphosis.

Thus, in any stage of its progress the tuberculous disease may be arrested, and either removed or reduced to a state of inaction ; and where, as is rarely the case, these changes occur in all the tuberculous matter that has been deposited, and the diathesis is wholly remedied, the cure of the disease is complete.

Such is Rokitsky's general account of the ordinary progress of pulmonary tuberculous disease, considered independently of its effects on adjacent tissues. It is in nearly every respect exactly accordant with our own observations, and is certainly clearer and more complete than any yet published. His account of the accidents and associated phenomena of the disease is not less praiseworthy. He says rightly that only large bronchial tubes open into cavities, the small ones being closed by the secondary tuberculous deposits around and within them, and by the swelling of their mucous membrane. The openings into them, when recent, are always ulcerated, oblique and abrupt ; but when the wall of the cavity becomes callous they acquire a smooth edge of tough mucous membrane, which they retain permanently, or till, as is rarely the case, they are obliterated. He points out tubercular infiltration as the most frequent precedent of perforation of the pleura ; and this result is favored by the frequency with which it occurs, especially at the surface of the lung, and the rapidity with which it is apt to break down and become fluid before adhesions are produced over it. In these, as well as in other cases of perforation, he well describes how the pleura is first distended by the air passing into the cavity, till, having been raised like a small bladder on the surface of the lung, it bursts, or dies and is thrown off, or else sloughs, being involved with a small adjacent portion of the lung in gangrene.

#### EXTRACTION OF MOLAR TOOTH FOLLOWED BY NECROSIS.

From a Clinical Lecture by Dr. W. P. Johnston, of Philadelphia.

ELIZABETH BARKER, æt. 26, of lymphatic temperament, and great nervous irritability ; otherwise in the enjoyment of good general health, had



the second molar tooth of the left side of the lower jaw extracted about three months since. The extraction was followed by violent pain, which has continued, although less in degree, ever since. In the course of a week, a large swelling was perceived opposite the point from which the tooth was extracted. This swelling, at first entirely hard, gradually advanced towards the chin, and became more soft; finally, a red, fluctuating spot appeared beneath the ramus of the jaw, opposite the cuspid tooth of the lower side. This was opened by her physician, Dr. Page, with great relief to the patient. The swelling still occupies, however, the whole ramus of the jaw, and is sensible upon pressure. But the sensibility is not so great as you might suppose from the shrinking of the patient. She is nervous to an extreme—nervous, not only because of the existence and duration of a real pain, but because the swelling prevents her from being properly nourished, and because the pain has been alleviated, prior to the formation of an abscess, by the continual administration of laudanum. These combined causes have produced a nervous prostration, which renders the patient remarkably timid and apprehensive. The mouth can only be opened to a moderate extent; the breath is extremely fetid; the finger introduced feels distinctly on the inside of the cavity, from which the tooth was removed, an exposed mass of bone, which is moveable. You perceive that it is easily extracted with a pair of tooth forceps, now that the patient has summoned up sufficient courage to open her mouth. The portion of bone removed, in length about an inch and a half, consists of the inner margin of apparently three alveolar processes. When we introduce a probe into the opening of the abscess, near the chin, it encounters at once a denuded bone, and can be directed backwards along this denuded bone, on the inner side of the ramus of the jaw, until its point can be felt by the finger introduced into the mouth, opposite to the gap left by the removal of the dead alveolar process. It is arrested, however, by the mylohyoid muscle, and does not penetrate the mouth.

This denuded portion of bone is not moveable; the line of the teeth remains unbroken. Consequently, it cannot be regarded as a fragment detached from the bone and necrosed, as was the case with the fragment which we have removed. We must consider it as a mere exposed surface of bone—exposed by an abscess, originating in an injury to the bone itself, and fused down in contact with the bone. A slight exfoliation may occur from this, after which granulations will appear and organize, and the cure will probably be completed without further recourse to instruments.—*Medical Examiner*.

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#### TREATMENT OF CANCER.

CANCER, in all its phases, has also been closely investigated by Müller, Laugenbeck, Carmichael and others, but I fear much remains to be done ere we arrive at its true origin and proper treatment. No question seems to exist as to our power of communicating the disease by inoculation.



If, for example, we mix a little cancerous matter with water and inject the mixture into the venous circulation of any animal, we to a certainty induce cancerous deposits in different parts of the body, and especially in the pulmonary veins.

Among the new methods of cure, those of Jobert, Lisfranc and Phillips, of Liege, have attracted much attention.

Jobert's plan consists in the application of a ligature to all the principal arteries supplying the tumor, and the division of its nervous filaments. According to him, by this process he has succeeded in curing four cases of cancer of the lip, and one of the tongue. For myself I can say nothing about the merits of the practice from any personal experience, but entertaining the views which I do on the subject of cancer, I must say that where any operation is proper, a circumstance very rare indeed, complete excision of the tumor is much to be preferred to any other mode of treatment.

Lisfranc, in cases of superficial cancer, proposes to cure it by merely removing the *diseased tissue* either with the ligature or knife, leaving the organ upon which it happens to be located untouched. When the disease penetrates, or deeply involves an organ, he recommends excision of the tumor, along with a certain portion of sound tissue.

A most valuable operation, in certain forms of cancer, has recently been proposed by Mon. Charles Phillips, of Liege, and a repetition of his practice, in my hands at least, has been productive of the most satisfactory results. You all know how difficult it is to heal, permanently, what is called a "cancerous ulcer," or the wound which results from the excision of a cancerous tumor, and also that even where the disease has been entirely removed, and the parts have cicatrized, it is exceedingly prone to return in the cicatrix. This constant disposition to re-appear has been attributed to a constitutional taint, and such is the fact in many cases, but there are others in which the disease presents a strictly local character, and yet the relapse takes place. With our present knowledge on the subject, it is utterly impossible to explain this circumstance. It is, moreover, well ascertained that the predisposition to return is very much modified by the mode of union adopted by the surgeon in the healing of the wound. Dieffenbach was probably the first to direct our attention to the fact, but to Phillips is due the merit of having, by positive experiment, shown the correctness of the views of this great surgeon. It appears that when the wound unites by *granulation*, there is much greater danger of a return of the disease, than where union by the *first intention* is adopted. To insure the occurrence of the latter process, Dieffenbach proposed, and Phillips carried into execution, the following plan. After the removal of a cancerous tumor, instead of allowing the parts to heal by the "second intention," or to be covered in by the simple approximation of the edges of the wound, a plan which in large operations is always accompanied by a straining and unnecessary as well as injurious tension of the flaps, he takes a piece of sound skin from the vicinity, and either by adopting the "sliding process," or, where this is impossible, partial *torsion* of the pedicle, covers in the wound completely. Union by adhe-

sion takes place, and the return of the disease is in most cases effectually prevented. How it is that the application of healthy tissue to that hitherto more or less diseased, so modifies the action in the latter as to render it normal, we cannot say. By some it is attributed to a change in the condition of the fluids of the part, healthy blood, for example, being mixed with that previously diseased; this, however, is mere theory, and we must rest content with the fact, for fact it is, that "the application of a healthy tissue to one hitherto diseased, is often, though not uniformly, sufficient to render the latter perfectly sound."

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#### A CONCISE VIEW OF THE BENEFITS OF ANATOMY.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 18.]

IN the ordinary course of medical practice, we meet with many diseases which would be wholly unintelligible to the physician, unless he be accurately acquainted with anatomy. We must, therefore, satisfy ourselves with referring to the separate heads under which the topics comprehended in this subject will be treated.

1. In the first place, anatomy is the basis of physiology. It is the object of anatomy to ascertain structure; it is the object of physiology to ascertain function. An organ is constructed in such a manner as to fit it to perform a certain action; the action cannot be understood unless the structure be known; and often, the structure cannot be known without directly leading to a knowledge of the action. Until the art of anatomy began to be cultivated, the science of physiology was without existence. In proportion as anatomy has been practised, physiology has advanced.

2. In the second place, anatomy and physiology are the basis of the science of medicine. Disease, which it is the object of the physician to detect and to cure, is denoted by disordered function; disordered function cannot be understood without a knowledge of healthy function; healthy function cannot be understood without a knowledge of structure; and structure cannot be understood unless it be examined. The organs in which the most important functions have their seat are placed in the interior of the body, and are completely concealed from the view. There are no means of ascertaining their situation and connection, much less their nature and operation, excepting that of inspecting the interior of the body. As the most important functions have their seat in organs which are placed in the interior of the body, so those internal organs are also the seats of the most frequent and fatal diseases. Consequently, an accurate acquaintance with the situation of these organs is indispensable in order to ascertain the seats of disease; but as these organs are completely concealed from the view, it follows that their situation cannot be learned without the study of anatomy. In several regions of the body, organs the most different in structure and function are placed close to each other. Diseases the most diversified, requiring not only not the same, but opposite treatment, may consequently exist in the same region of the body. Without the accurate discrimination of these diseases, it is often impossi-



ble to save life ; but the discrimination of these diseases is absolutely impossible without that knowledge which the study of anatomy only can impart.

It has been justly observed, that one consideration, which shows in a striking light the importance of anatomical knowledge in leading to the detection of disease, is, that the seat of pain is often at a distance from the affected organ. In disease of the liver, pain is generally felt at the top of the right shoulder, because a nerve which goes to the liver is united with a nerve which supplies the shoulder. In disease of the lung, there is often no pain in the lung, but much uneasiness at the top of the wind-pipe. In disease of the hip-joint, there is often no pain in the hip, but severe pain at the knee. In all these cases the attention is apt to be carried away from the real seat of the malady. Even in the present day, abundance of practitioners apply their remedies to the seat of the pain, wholly ignorant of the true seat of the disease. Mistakes of this kind, often fatal, are inevitable without a knowledge of anatomy, while with that knowledge they are scarcely possible.

3. If the knowledge of anatomy be thus obviously important to the physician, it is still more manifest that it must be indispensable to the surgeon. Without a minute and exact knowledge of the structure, situation and relation of organs, the surgeon cannot proceed a single step in the practice of his art, without the most imminent peril—particularly in cases of amputation, aneurism, hæmorrhage, hernia and lithotomy. It has been justly stated, that no one can form an adequate conception, but those who have witnessed it, of the confusion and terror occasioned by the sight of a human being from whose body the blood is gushing in torrents, and which none of the spectators are able to relieve. In all such cases, there is one thing proper to be done, the prompt performance of which is generally as certainly successful, as the neglect of it is inevitably fatal. It is impossible to conceive a more terrible situation than that of a medical man who knows not what to do on such an emergency. The ancient surgeons were constantly placed in this situation ; and the dread inspired by it retarded the progress of surgery more than all other causes put together. Not only were they prevented through terror from interfering with the most painful and destructive diseases, which experience has proved to be capable of safe and easy removal, but, in general, they were afraid to cut even the most trivial tumor. They never thought of amputating until the limb had mortified, and the dead had separated from the living parts ; and being ignorant of the means of stopping hæmorrhage, they were afraid to cut into the living flesh. But surgeons now know that there is one simple and effectual means of stopping hæmorrhage, namely, compression of the bleeding vessel. If pressure be made on the trunk of an artery, though blood be flowing from a thousand branches given off from it, the bleeding will immediately cease. Should the situation of the artery be such as to allow of effectual external pressure, nothing further is requisite ; the pressure being applied, the bleeding is staunched at once. Should the situation of the vessel place it beyond the reach of external pressure, then it is necessary to cut down upon it,



and to secure it by the application of a ligature. By means of it the most formidable operations may be undertaken with the utmost confidence, because the wounded vessels can be secured the moment they are cut; by the same means, the most frightful hæmorrhages may be effectually stopped; and even when the bleeding is so violent as to threaten immediate death, it may often be arrested by the simple expedient of placing the finger upon the wounded vessel until there is time to tie it. But it is obvious that none of these expedients can be employed, and that these bleedings can neither be checked at the moment, nor permanently stopped, without such a knowledge of the course of the trunks and branches of the vessels, as can be acquired only by the study of anatomy.

The importance of pathological or morbid anatomy will be readily understood. What are called symptoms are signs of disordered functions; disordered functions are the consequences of irregular or diseased actions; after they have continued for a certain time, they produce a change in the structure of the organs in which they have their seat. Certain disordered actions produce certain specific changes, modified indeed by a great variety of circumstances, which to a considerable extent are ascertainable and ascertained. The medical practitioner, who has an opportunity of comparing the symptom or the external sign, which he observed during life, with the morbid change of structure visible on inspection of the diseased organ after death, learns with exactness what the external sign denotes, that is, what state of the internal organ it expresses. Moreover, the external sign may not have been obtrusive, and yet it may have been present. It is to this comparison of the symptoms of disease during life, with the diseased changes of structure visible in the organs after death, constituting morbid anatomy, that we owe all the exact knowledge of disease which is at present possessed. There is not a single internal malady, the precise nature of which is now known, which has not been brought to light by morbid anatomy. The diseases, the precise nature of which still remains undiscovered, are those, the seats of which there have been few opportunities of inspecting after death, or in which the morbid changes produced in the organs are so slight or transient as hitherto to have eluded detection. Nor is there any probable means by which the true nature of such diseases can ever become better known, than that of increasing the facilities of examining the condition of the organs immediately after death. An effectual remedy for a disease may not indeed be discovered when the exact nature of it is ascertained; but the discovery of the exact nature of a disease puts the physician in the right path in searching after the cure, and at all events teaches him what will be useless and what mischievous. Hence a clearer apprehension of the nature of a disease has always preceded an improved treatment of it.

If the present plan of these remarks would admit of the requisite details, it would be instructive to show how uniformly every exact and certain method of cure has followed and been founded upon that knowledge of disease which has been brought to light by the inspection of the organs after death. Compare, for example, the knowledge which enlightened physicians now have of fever, and the success which attends their

treatment of it, with the darkness which rested on this malady, and the inertness or mischievousness of the remedies employed in it, only a few years ago. A physician who understands fever, as far as the nature of this malady has been actually elucidated, can tell at the bed-side of the sick, with astonishing accuracy, what internal organs are in a state of diseased action; what the kind of diseased action is in each; what the probable progress of it will be, that is, what morbid change of structure or organic disease it is its natural tendency to produce, and must inevitably produce, if it be allowed to hold on its course without being checked. To this extent his knowledge places the physician in the position in which he would be if the body of his patient were transparent, and he could actually see the processes that are going on in the internal organs. Having this knowledge, he knows with exactness what to attempt by the remedies which he employs; among numberless remedies, he knows which to choose as being the best fitted to accomplish the end in view; his remedy being chosen, he knows the proper strength, the proper time, the proper frequency—in a word, the proper mode in which to exhibit it, that is, he knows how to exhibit it in the dose and form the best adapted to the actual condition of the organ which it is his object to relieve. He does not work altogether in the dark. He has a definite purpose to accomplish, and an instrument of known power with which to compass his purpose. He even anticipates results; stops diseased processes at the very commencement; prevents morbid changes of structure, which, if produced, too often prove incurable. The consequence is, that in a disease which above all others attacks the greatest number of the most important organs, his interference, as far as it has any influence, is conservative; he sees the impending danger and averts it; he protects the vital organs from a shock, which, but for him, would be fatal to them, while the very remedies employed by the ignorant practitioner increase that shock, and concur with the disease in producing death.

The great distinction between the enlightened and the ignorant physician is, that the former knows the state of the internal organs, and adapts his remedies to that state: while the latter knows nothing of the morbid processes that are going on, and prescribes for a fancy, or a name.

*Boston, Feb. 9, 1843.*

R. C.

[To be continued.]

#### DISEASED BLADDER—CALCULUS IN A SWINE—INJURY FROM SULPHUR BATHS.

Extract of a Letter from Dr. Chadbourne, of Concord, N. H., to the Editor.

THE specimen of diseased bladder that will be handed you with this, was presented me by N. G. Ladd, M.D., of Sanbornton, with the request that I would forward it to you. Dr. Ladd informs me that the man from whom it was taken was about 76 years of age, by occupation a blacksmith, of intemperate habits, although he rarely drank to intoxication. Symptoms of diseased urinary secretion commenced about two



years since, with all the symptoms of derangement of these organs—pains in the back and loins, inability to retain the urine, &c. During the last month of his illness, all the symptoms greatly increased—the stomach rejecting most kinds of food, frequent vomiting, great thirst, that was endured rather than undergo the aggravation of the pain of the bladder that the smallest quantity of fluid taken into the stomach occasioned. For the few last days, bloody urine was continually dribbling from the bladder, attended with the most excruciating pain, that admitted of little or no palliation. “A small calculus was found in each ureter, about the size of a pea.”

I also send you a beautiful specimen of urinary calculi. It was presented to Dr. Thos. Shannon, of this State, by a butcher, who said he found it “*by the side of the water passage*” of a male swine. It proved to be “a family complaint,” as small calculi were found in the bladders of several others of the same litter. I could not learn that there was anything peculiar in the food or habits of life of this family of porkers, from others of their race. May we not infer from this case that urinary calculi are more rapid in their formation or growth than is ordinarily supposed, as the age of this swine would not admit of more than ten or twelve months for this stone to obtain its present enormous size. Is it probable that its formation commenced in the bladder, and that it was arrested in its course through the urethra?

There have been two instances in this town of fatal terminations of disease soon after the injudicious application of the sulphur fumigation. The first occurred several years since, in a case of rheumatism, in a stout, athletic man, aged about 30. By means of a box, not very well constructed for the purpose, I applied the sulphur fumigation two days in succession, with so much apparent relief that the patient was induced to try it again in my absence with the assistance of the nurse, but did not observe the necessary precaution to close all the crevices in the box to prevent the escape of the noxious gas into the room. The consequence was, the patient was nearly suffocated, and might have been quite so, had he not escaped from his box and thrown open the doors and windows of his room. The second instance is the case of Mrs. F., of this town. Her symptoms for several weeks during the fall, were those of simple, uncomplicated rheumatism, confined mainly to the lumbar region, but extending at length to the muscles of neck and chest, but attended with no cough, difficulty of breathing or acceleration of the pulse. The disease returned in paroxysms, as usual in chronic rheumatism, at uncertain intervals, varying in duration from two or three days to a week or more. During these intervals the patient was comfortable about house and able to ride out. In my absence the sulphur fumigation was recommended, and applied by burning sulphur on live coals under the chair on which the patient was sitting, with no other precaution to prevent the deleterious gas entering the lungs than a loose blanket or quilt thrown over the shoulders and pinned around the chair. The immediate effect was what might have been expected, and should have been guarded against,



viz., spasmodic suffocative cough, followed by permanent irritation of the bronchial vessels, bloody expectoration, and in a few days death.

I would not say that death in either of these cases was caused or accelerated by the remedy; but when the circumstances are taken in connection with the case of our lamented friend, Dr. Palmer, of Woodstock, Vt., who died so soon after inhaling the same noxious gas, they would seem to be worthy of note, as a precaution to those who venture to apply so powerful an agent without the necessary means to protect the patient's lungs.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

FEBRUARY 22, 1843.

*Egyptian Science of Ethnography.*—The concluding lecture of a course by Mr. Geo. R. Gliddon, which he has been delivering at the Odeon, in this city, was expressly devoted to the consideration of the diversity of the families of man, two thousand years before the Christian era, elucidated by portraits of individuals of various nations, from the monuments of Egypt. The Caucasian, Scythian, Palasgic, Semitic, Celtic, Indostanic, Negro, Mongolian and the Egyptian families, were each shown to have existed as distinctly marked, four thousand years ago, as they are at the present moment. Mr. Gliddon exhibited the portraits of forty-eight sovereigns of ancient Egyptian dynasties, from Ammunoph 1st, before Christ 1822, down to the celebrated Cleopatra, B. C. 29, taken from the sculptures and paintings still remaining in the tombs. Not only were the faces of African negroes precisely what they are at this period, but even their attitudes in their pastimes and exhilarations under the excitements of music, were so exactly like those now seen every day, that the picture of a group that danced in the streets of Thebes more than three thousand years since, might have been supposed to represent a holyday scene among the negroes in 1843.

Mr. Gliddon's lectures on Egypt were eminently instructive, and evidenced the indomitable perseverance of Champollion, and the progress of modern hieroglyphical literature. No lectures were ever delivered in Boston that were held in higher estimation by the learned of all classes. Having resided twenty-three years in the Valley of the Nile, and personally visited and critically examined almost every monument that he referred to, a peculiar interest was imparted to the subject, that otherwise could not have been created.

Before long it is expected that Dr. Morton, of Philadelphia, will favor the world with a great work on the remote inhabitants of Egypt, who constructed the pyramids and those other colossal remains of architectural grandeur, whose magnificent ruins, after ages of darkness, begin to reveal the long-concealed names and biographies of their powerful constructors. Through Mr. Gliddon Dr. M. has been furnished with skulls of individuals who were entombed before Abraham was born. Much, therefore, will be expected from his versatile pen on the ethnography of a nation which flourished under a system of well-organized government, enjoying

the benefits of advanced civilization, even before the Jews, or a single nation now on the habitable globe, save the Nomads of Africa, had been ushered into being.

We enjoy it especially on medical gentlemen, wherever Mr. G. may hereafter repeat these lectures, to attend them, since there is no other way of obtaining the results of his curious researches into the early history of man. Nor from any other source could so much be gathered illustrative of the physical, moral and mental condition of the human race at epochs so vastly remote. All his labors are calculated to advance the true objects of history and ethnographic science.

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*Publications by the Massachusetts Medical Society.*—For some years it has been a custom for the Medical Society of Massachusetts to publish a volume, annually, to be distributed amongst the members at the anniversary meeting. A committee is raised to select and have in readiness just what they may consider most useful. But it sometimes happens that gentlemen not on the committee may not think quite as favorably of the pattern book as those who cater for them. By the time the work is out, likewise, it may have been anticipated by re-publication in the periodicals, and therefore it becomes a stale affair. The idea of republishing by the Society a book that can be purchased at a store, is in itself objectionable; and it is still more so to clothe some half a dozen persons with authority to determine what sort of a book it is best for the Fellows of the Massachusetts Medical Society to read. That which the committee might be very glad to possess, may perhaps be already in the possession of half the Fellows. On that point, no inquiry is made; the members either take the book, or let it alone—it being all the same to the tasting committee, who are clothed, it is generally understood, with discretionary authority to act according to their own judgment. It was thought, at some former period, that the payment of three dollars a year ought to yield the members something more abiding than a single dinner once in twelve months. To quiet such murmurings, as we have been told, the book plan was devised, which has answered tolerably well for a succession of years; but a new set of members have now come into affiliated existence, some of whom crave a different intellectual dish from that which has been quietly served out to their more advanced brethren. There is a choice in the world of medical literature—and the members residing in the country, constituting so large and respectable a portion of the Society, have long been familiar with the fact. They must have some voice in this annual book trade: too many of them have been helped to a duplicate copy of something that is not worth a straw to them.

We beg leave, therefore, to suggest, that instead of dealing out the annual dose of a volume, each member of the Society be authorized to take any Medical Journal published in the United States, which he may prefer, and that the Treasurer pay to the gentlemen, at the anniversary meeting, the worth of the volume he has heretofore had, towards paying the subscription of the periodical. This would, we think, be satisfactory to every member; and the encouragement it would afford to the publishers of Journals in the United States, would induce the editors to make renewed exertions to meet the approbation of such substantial patrons.

We entertain a strong hope that this suggestion will prove to be a little



lump of leaven, that will not only be acceptable but beneficial to the whole Society. The fault spoken of is not in the committee of publication, but in the Society for delegating such authority, and then grumbling over its own silly legislation.

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*Medical Biography.*—For a few weeks past Dr. Stephen W. Williams, of Deerfield, Mass., has been busily engaged in preparing a work upon the medical biography of some of the most distinguished medical men of America, who have died since Thacher published his work in 1828, and of such other distinguished characters of older date, as he has omitted to name. He has materials on hand for a decent-sized octavo volume, besides having written more than one hundred pages of it. He has turned his attention to medical biography for many years, and already published biographical notices of Dr. Thomas Williams, Dr. Wm. S. Williams, and Dr. Josiah Goodhue, at some length, separately from those recorded in the late address before the Massachusetts Medical Society, which were highly spoken of by the press throughout the country. Having taken, for a good many years, the principal medical periodical journals in this country, Dr. Williams has been enabled to collect and compile a vast many facts in relation to our most eminent deceased medical brethren. Such a volume, with plates, is very much wanted, and if well conducted it must be popular.

We think well of Dr. Williams's qualifications for the task; his industry and perseverance in the pursuit of this kind of knowledge is unrivalled. He would like the co-operation of medical gentlemen through the country, who may be in the possession of facts in relation to distinguished medical men, who are not mentioned by Dr. Thacher. Early letters from such will be noticed with great pleasure in the work.

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*Juvenile Obesity.*—At the Boston Museum, there is now on exhibition a very singular specimen of humanity. A boy, eleven years old, born at Middleboro', Mass., June 14, 1832, has attained the height of 5 feet 2 inches, and weighs 265 lbs. ! He has a fine, healthy countenance, a generous expression, and seems to enjoy life in a rational manner. His mind is active, and having constructiveness prominently developed, many ingenious pieces of mechanism are devised by him. This lad is the youngest of five children. The oldest, a sister, about 30 years of age, weighs 180—but the father and mother, who are people of ordinary size and figure, are not at all inclined to fatness, nor are either of the three intermediate children. Perhaps a more remarkable example of excessive fatness in youth was never seen. Should he live many years, and there is no apparent reason why he should not, he may yet rival the renowned Daniel Lambert in ponderosity.

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*Morbid Anatomy.*—In to-day's Journal, the reader will notice a communication to the editor, which is worth perusal. Two specimens, those adverted to, came safely to hand. One is the bladder of a man who recently died, so strangely changed, that it bears but a faint resemblance to the normal organ. Its walls are thickened at one point fully an inch; and in other directions from half to three-fourths of an inch. Its capacity,



therefore, for holding the usual quantity was destroyed. We shall submit it to the careful examination of some of our professional neighbors, and finally deposit it in the Medical Museum in this city, which is fast growing into importance.

The other article is indeed a striking curiosity—a stone, of a lenticular shape, one inch in thickness through the centre, two inches in diameter in one direction, and two and two-eighths in the other, and of a dusky white color. This, too, will receive further examination. Dr. Chadbourne, of Concord, N. H., has our special thanks for his polite attentions.

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*Naval Bureau of Medicine and Surgery.*—Not many months ago, certain improvements were made, or at least were considered to be made, in the administration of the affairs of the U. S. Navy; and amongst other things, a bureau of medicine and surgery was created, to have cognizance, especially, of all that related to surgeons, instruments, medicines, hospital stores, &c., on board the government vessels. To the management of the new bureau, Surgeon W. P. C. Barton, of the navy, was promoted, to reside at Washington. His office is not unlike that of surgeon-general of the army in point of general details of duty. But, unlike that functionary, who stands deservedly high, both with the government and the medical gentlemen of the service, as a scientific physician, devoted to the best interests of the department confided to his administration, Surgeon Barton is pounced upon, pell-mell, by some of the most distinguished officers of the navy, who picture the moral features of the bureau keeper in an unfavorable kind of coloring. Those who have read Commodore Barron's account of the treatment he received from him, while holding the station of governor of the Naval Asylum, must have had exceedingly unfavorable impressions of the fitness of the surgeon for intimate personal friendship. Within a short period, another elevated individual, also in the service and confidence of the government, has issued a manifesto to show the real disposition of Dr. Barton, and the manner of his doing the official business of the bureau. This is published in the *National Intelligencer*, under the signature of Commodore Biddle, and is too long for insertion in our pages. It shows precisely how medical matters are generally conducted on ship-board, and how the head of the new bureau shows off the greatness of his station. Its biographical account of the surgeon of the bureau, is an important piece of information, that may serve the purpose of a future compiler of American medical biography.

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*American Physician in Havana.*—Amongst those distinguished for their medical attainments at home, who have been compelled to take up a permanent residence in a tropical climate on account of the ill health of themselves or members of their families, mention is made of the recent removal to Havana of Dr. Edward H. Barton, long known as a prominent and efficient member of the medical corps of New Orleans. Those from the States who may find it necessary to consult a physician, whilst sojourning in Cuba, could not have a better adviser. Dr. Barton was formerly professor of materia medica, therapeutics, and hygiene, in the Medical College of Louisiana, and more recently, president of the Board of Health in the city of New Orleans. In all the relations of life, he has sustained an elevated reputation, and a character for a sound, discriminating knowledge of

the profession, of which he is justly considered by his countrymen an ornament.

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*Report of the Cincinnati Dispensary and Vaccine Institution.*—The Board of Acting Physicians of the Cincinnati Dispensary and Vaccine Institution report the cases treated at the Institution since its organization, a period of rather more than four months:—Thoracic diseases, 47; abdominal, 74; cutaneous, 13; fevers, 41; rheumatism, 12; surgical cases (including injuries and operations), 48; female diseases, 30; labors, 19, miscellaneous, 59. Total number treated, 348.—Of this number there have been discharged cured, 290; relieved, 10; incurable, 5; died, 4; under treatment, 34. Every reasonable effort has been made to vaccinate the children of the poor gratuitously.

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*A new method of administering Quinine.*—By Dr. GUASTAMACCHIA.—The author's object was to find some method of avoiding the disgust which the bitterness of quinine always excites; and after repeated trials, he says he found it best to dissolve eight grains of the sulphate in half an ounce of rectified spirit and rub it, in two doses with an interval of a quarter of an hour between them, along the spine. In intermittent fever this should be done at the beginning of the cold fit; and it very often prevented even a single recurrence of it.—*Brit. and For. Med. Rev.*

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
*Revival after Freezing.*—In the winter of 1828-9 in Ireland, Gaimard found that toads could be completely frozen, so that ice lay in small pieces between their muscles, their bodies became quite hard, stiff, and motionless, broke easily and without any effusion of blood, so that, in short, every trace of life disappeared, and yet in ten or twelve minutes they could be revived by immersing them in very slightly warmed water. If they were too quickly frozen they did not revive.—*Bibliothèque Universelle.*

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*Medical Miscellany.*—Dr. Dixon, an ophthalmic surgeon, of New York, has operated 320 times for strabismus, according to an advertisement. He is an exceedingly ingenious surgeon, and a good writer on medical subjects, as the readers of this Journal have had opportunities of knowing.—Dr. Henry H. Childs, of Pittsfield, Lieut. Governor of Massachusetts, has been appointed, by the Executive Council, one of the Board of Trustees of the Lunatic Hospital at Worcester.—Matthew Hale, of Union Co., Penn., is the oldest pensioner in the United States, being now in his 115th year.—Near Warsaw, Benton Co., Mo., a single tooth was recently dug up, that weighs 14½ lbs. A tusk found near the same place, is 13 feet long. Hopes are entertained of finding the skeleton to which they belong.—Dr. Robinson of Meredith, Dr. Woodbury of Bedford, and Dr. Savory of Hopkinton, have gained much credit for the active part they have taken in the late temperance convention at Concord, N. H. Dr. Richardson's bitters were held up to view in their true character.—Dr. Henry Van Hohenburg has been appointed by the Governor of New York, health officer at Staten Island, in the place of Dr. A. Sidney Doane, whose term of office had expired. Dr. Alexander Vache has also been appointed resident physician, in place of Dr. J. W. Francis, whose term



had expired.—On the 1st of February peach trees and plumb trees were in blossom at Tallahassee, Florida.—Dr. Feuchtwanger, of New York, denies that German silver is poisonous in its nature, and adds that it will bear the test of acids equally as well as silver itself.—There are eight or ten cases of smallpox at Hardwick, Mass.—Dr. Jeffreys, of Boston, one of the founders of the Massachusetts Charitable Eye and Ear Infirmary, and one of its surgeons from the beginning, has resigned all connection with the institution.—Dr. Dix, of Boston, advertises that in future he shall exclusively devote himself to the diseases of the eye and ear.—It is supposed that the Phrenological Journal is no longer published—as our exchange copy has stopped coming.—Dr. Graham is to be appointed, by the British Government, medical store-keeper in China, and stationed at Hong Kong.—Some very queer doings at the Albany Medical College, of late. A set of Dr. Sewall's illustrations of the drunkard's stomach, according to the Albany Evening Journal, having been presented, the Faculty sat in grave debate to know where to locate them. They were finally removed from the museum, where they appear to have been hung, and were placed in the private room of Drs. Hun and McNaughton.

 The Title-page and Index of Vol. XXVII. will be sent out with the next No. of the Journal.

**MARRIED**,—In Cabot, Vt., Charles B. Chandler, M.D., of Tunbridge, to Mrs. F. A. C. Harvey.—At Washington, D. C., Dr. Dennis Burk, in his 83d year, to Mrs. Mary Lynch, in her 79th year.—In New York, James Anderson, M.D., to Mrs. Bartley.—In New York, Dr. J. S. Oatman to Mrs. H. M. Coles.

**DIED**,—At Brunswick, N. J., Dr. William Campbell, 30.—In Burlington, Conn., Dr. Peres Mann, 84. Dr. Mann was in the service of the United States in the war of the Revolution, and served as surgeon's mate. At the close of the war he settled in Burlington, and was the principal physician for about thirty years.

Number of deaths in Boston for the week ending Feb. 18, 40.—Males, 18; Females, 22. Stillborn, 3.

Of consumption, 4—lung fever, 4—fits, 2—disease of the heart, 3—brain fever, 1—decline, 1—croup, 1—smallpox, 4—tumor, 2—inflammation of the lungs, 1—intemperance, 1—scarlet fever, 3—worms, 1—disease of the lungs, 1—infantile, 2—burn, 1—old age, 3—typhus fever, 1—spasms, 1—dropsy in the head, 1—marasmus, 1—hives, 1.

Under 5 years, 18—between 5 and 20 years, 6—between 20 and 60 years, 7—over 60 years, 9.

# REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Jan.	Thermom.	Barometer.	Wind.	Jan.	Thermom.	Barometer.	Wind.
1	from 11 to 24	from 29.43 to 29.60	W	17	from 17 to 28	from 30.05 to 30.11	NW
2	4 12	29.38 29.67	N	18	27 40	29.80 29.98	SW
3	16 23	29.10 29.37	W	19	34 44	29.54 29.71	SW
4	-1 15	29.61 29.64	SW	20	44 52	29.58 29.62	NW
5	20 34	29.54 29.59	SW	21	36 50	29.36 29.61	S
6	26 36	29.66 29.72	N	22	42 46	29.12 29.20	NW
7	32 37	29.66 29.71	N	23	32 36	28.90 29.16	SW
8	36 51	29.50 29.57	N	24	35 36	28.49 28.58	NW
9	42 49	29.62 29.66	NW	25	23 30	28.75 28.90	NW
10	39 44	29.59 29.68	SW	26	16 30	29.32 29.49	NW
11	44 52	29.60 29.65	N	27	20 31	29.53 29.62	NW
12	37 43	29.38 29.50	N	28	28 30	29.26 29.30	NW
13	37 40	28.96 29.14	N	29	17 29	29.56 29.65	N
14	30 31	29.00 29.06	SW	30	20 40	29.54 29.56	SW
15	31 35	29.32 29.38	NW	31	28 44	28.90 29.35	N
16	22 30	29.70 29.80	NW				

This month has been remarkably mild and pleasant. The thaw from the 7th to the 13th carried off the snow. The weather since has been moderate, and the ground mostly bare of snow. Range of barometer has been from 28.49 to 30.12; thermometer, from 3 below zero to 52 above. On 13 days it rose to 40 or more above. Rain fallen, 5.05 inches.



*On the Erectility of the Iris.* By Professor GROMELLI, of Modena.—Fontana's argument against the erectility of the iris, viz., that the finest and most penetrating injections, thrown into the arteries, even immediately after the death of an animal, never produce any extension of the iris, like what happens to the corpora cavernosa, we find controverted in a recent Italian journal. The substance which Professor Gromelli has found to succeed best for minute injections of the iris, are olive or walnut oil, colored in various ways. He states that these injections penetrate into the most delicate ramifications, without becoming extravasated, and preserve for a long time the parts impregnated with them. In injecting the dead bodies of infants, Professor G. observed that the iris, previously relaxed, swelled up, and that the pupil, previously much dilated, contracted to the extent of more than half its diameter, just as it is seen to do when the retina is struck by the light during life. This fact seems to prove, that the iris is composed of blood-vessels. By the aid of the microscope they are seen disposed, between the ciliary and pupillary edges of the membrane, in rays, partly rectilineal, partly serpentine, while a few run in a circular direction. It results from such a disposition of radiating vessels, fixed at the great circumference of the iris and free towards the pupil, that the sanguineous turgescence expands this membrane and contracts the pupil, while the return of the blood allows the membrane to shrink and the pupil to expand. The professor concludes, that the iris is composed of a vascular turgescible, or erectile, tissue.—*Memoriali della Medicina Contemporanea.*

*Poisoning by Snails.*—A family of peasants living in the commune of Clermont, near Toulouse, fell a sacrifice to poisoning by snails. The physician who attended them communicated the following details to the Journal de Toulouse.

From what I collected concerning the circumstance which preceded the disease, and those which accompanied it, and from the symptoms, I had no difficulty in recognizing a case of poisoning like those occasioned by narcotico-acrid vegetables, such as belladonna, hyoscyamus, thorn-apple, &c. No doubt remained in my mind as to the cause of this terrible disease, as soon as I knew that the snails eaten had been collected in the bushes called in French redout, but in the patois of the country roudout (*Coriaria myrtifolia*). Every one knows that the leaves and young shoots are a poison to the domestic animals which browse on them, and that they kill them, after causing giddiness, and a kind of epileptic attack; but a fact which is not known, is, that the flesh of these animals may occasion the greatest danger, and even death itself. Symptoms like those which I have just witnessed are rare; but it is common to see among peasants indisposition caused by snails, which comes from their eating them as soon as gathered. The example of the ancient Romans should be followed, and these animals should not be brought to table until they have been kept six months or a year, feeding them on bran and wild thyme. This is the way also to make them fatter and more savory.—*Gazette Médicale.*

*Discovery of Spermatozoa within the Mammiferous Ovum.*—We understand that at the meeting of the Royal Society on the 8th instant, a paper by Dr. Martin Barry was read, announcing his discovery of spermatozoa within the mammiferous ovum. The ova were those of the rabbit, taken, twenty-four hours post coitum, from the Fallopian tube.—*London Lancet.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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WEDNESDAY, MARCH 1, 1843.

No. 4.

TALIACOTIAN OPERATION.

By J. Mason Warren, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

IN some former Nos. of this Journal, we have published two or three cases illustrative of the operations required for the restoration of the nose, where it has been lost either from disease or accident. In two of these cases, where the whole organ was lost, the skin requisite for its reparation was taken from the forehead, according to the Indian method, and transplanted to the place required. In a third case, where a portion only of the nose was destroyed, the skin was borrowed from a distant part of the body—the fore-arm, the head and the extremity being maintained in contact by a suitable apparatus until the process of union was completed.

In the case which we now propose to publish, the operation was performed according to the method recommended by Taliacotius, modified, however, by the experience which modern practice has suggested—the skin being borrowed from over the biceps muscle, as in the Taliacotian operation. This case is more interesting from its being, so far as we know, the only one which has been successfully performed by this method for the last twenty years, the separation of the flap being made at an earlier period than in any case on record.

Graeffe, of Berlin, and Delpech, of Montpelier, in 1817 and 19, attempted the operation of Taliacotius. In the former case the arm was kept up in contact with the face for fourteen days, the patient recovering in a year, the operation having been tolerably successful. In a second case, the separation of the parts was made at rather an earlier date. We have no very accurate details to rely upon as regards the operation of Delpech. Since that time the operation seems to have been abandoned, from the apparent difficulties which attended it. In the present case, it will be perceived that the union was thought sufficiently perfect at the end of seventy-two hours, or three days, to determine us to separate the new flap from its original situation—and the result proved that our opinion was well grounded. The immense advantage of this early division of the parts will be easily perceived, and the possibility of it will be of great weight in assisting us as to which form of operation to select. The preference of this over the other methods, is, that no scar is left on the face, as must necessarily be the case where the skin is taken either from the forehead or



other parts of the face. At the same time, it must be acknowledged that the skin of the arm does not possess sufficient firmness or elasticity for the construction of the nose where the substructure, such as the bones and cartilages, have been destroyed.

We now proceed to the details of the case.

The patient was a lady, 30 years old. Having a little warty excrescence on the nose, she applied to a quack, who happened to enjoy considerable notoriety, at the time, in the treatment of cancers, and who, as usual, at once informed her that the disease was cancerous, and advised its removal. A caustic was applied, but so badly managed, that not only the disease but a portion of the nose also was destroyed, leaving the unfortunate subject in a most distressing situation.

It may perhaps be remembered, that in a former case, which was published in this Journal, an operation was required under precisely similar circumstances ; and they may serve as a warning to those who are so led away as to submit themselves to the mercy of ignorant charlatans.

This lady, when I first saw her, some time after the ulceration from the effects of the caustic had healed, looked exactly as if the nose had been neatly excised ; the skin, a portion of the cartilage forming the septum nasi, and about one third of the columna, was wanting. The nasal cavities were thus quite exposed, and the deformity produced of a very striking and disagreeable character.

I at once perceived that the Indian method would not be applicable, as it required too great a sacrifice in bringing the integument from the forehead, and I determined to adopt the Italian method of transplanting the skin from another part of the body. In a former case, already referred to, where the skin was taken from the fore-arm near the wrist, an obstacle presented itself, which had not been fully foreseen ; this was the impossibility of retaining the arm sufficiently steady, by any apparatus that could be devised, to prevent the movements of the body being communicated to the part where the uniting process was going on ; by the method of Taliacotius, the head and arm are kept immovably confined during the time of union, and no motion of the patient can disturb these parts, if the bandage remains firm. This position may easily be supported by a thin subject ; but in a large muscular man it is next to impossible even to bring the arm into the proper position, much less to preserve it there for any length of time. The present case being considered a proper one for the latter method, it was determined to attempt it.

I advised my patient to return home, and to have a bandage made such as described and depicted in the work of Taliacotius, and to exercise herself daily for a few weeks in keeping the arm up in contact with the face in the position which it would be requisite to maintain after the operation. This was done, and all preparations being made, the operation was performed on the 21st of October, 1840, in the presence of Dr. Reynolds, Dr. Townsend, Dr. Inches, and a number of other medical gentlemen.

The cicatrix covering the edge of the nostrils was first removed, and the apex of the septum and columna nasi made into a raw surface. A



flap, nearly double the size required, was now dissected out from over the upper part of the biceps muscle of the right arm, its base, which presented downwards, being left attached. The bleeding having ceased, and the flap contracted, which it did nearly one half, the arm was brought up to the face, and the edges of the flap confined in contact with the raw surface of the nose by six sutures. The bandage of Taliacotius, of which the accompanying wood-cut gives a good idea, as well as of the general appearance and position of the patient, was now applied, and served to maintain the arm immoveably fixed in contact with the head.\* The whole of this painful operation



was supported with the most determined fortitude.

October 22d.—Since yesterday she has remained in an arm-chair, preferring the sitting posture as the most comfortable both for breathing and for taking nourishment. For an hour or two after the operation, the arm was quite numb, from its constrained position and the pressure of the bandages; this gradually changed to a painful sensation. She now has some pain in the elbow, none in the shoulder where it would have been most expected, and less than yesterday in the fore-arm. Her pulse is good, she has slept at intervals, and takes gruel with appetite, sucking it through a glass milk tube, which was the best contrivance we could think of for this purpose; she has left her chair and walked about the room, without disturbing the bandages.

23d.—She complains to-day of severe pain in the wrist, which was very soon relieved by wetting the bandages with laudanum; and almost

\* I am indebted to the kindness of my friend, Dr. Inches, for a copy of the original folio edition of Taliacotius, bearing the date of 1597, from which this wood-cut is copied. This very rare and curious work was obtained, with much difficulty, in Italy, and but few copies are to be found in preservation at the present day.

immediately after each application, when it was required during the day, she was composed to sleep. The bandages were relaxed a little from being wet, but not so much as to injure the adhesion.

24th.—At 10 o'clock, 72 hours after the operation, I proceeded, in presence of a number of medical gentlemen, to divide the pedicle and release the arm from its painful position. On first letting it down, the arm appeared quite paralyzed, but by gentle friction the power of motion and sensation was gradually restored.

A perfect adhesion had taken place between the new flap and the right side of the nose. On the other side, the skin was so wrinkled up from the pressure of the head downwards on the arm, that it was not possible to determine what was the state of union. Out of the new flap a pedicle was now shaped, to serve for the completion of the columna, and was confined in contact with what remained of the old one, by a single suture.

The patient was in good spirits, and appeared but little fatigued from the painful position in which she had been confined for such a length of time. Her sufferings had certainly been greatly alleviated by the possibility of being able to move about the room without interfering with the adhesive process, owing to the perfect retentive power of the bandages.

25th.—Quite comfortable; the tip of the nose looked well; the edges on one side somewhat livid, but on being touched with the knife bled freely; a portion of the new columna in a sloughing state.

November 11th.—A small piece of the skin which formed the septum having sloughed, the remainder has settled down, and at present is firmly united in its situation. The nose has a good shape, but is still a little swollen.

December 12th.—This patient returned home well. Nose has entirely healed, its form is good; the tip is slightly turned up, and the whole organ a little shortened when compared with its original dimensions, but is still agreeable, and presents nothing remarkable to a casual observer; the line of union has so melted down into the surrounding parts as to be scarcely perceptible. She was seen by a number of physicians before leaving town, who were able to congratulate her on the successful termination of the operation.

At the present time, more than two years has elapsed, and no unfavorable change has taken place in the aspect of the restored organ, and the patient has had no reason to regret the suffering she has undergone.

*February 20th, 1843.*

#### A CONCISE VIEW OF THE BENEFITS OF ANATOMY.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 60.]

BESIDES the knowledge of our body, through all the variety of its structure and operations in a healthy state, it is by anatomy only that we can



arrive at the knowledge of the true nature of most of the diseases which afflict humanity. The symptoms of many disorders are often equivocal ; and diseases themselves are thence frequently mistaken, even by sensible, experienced and attentive physicians. But by anatomical examination after death, we can with certainty find out the mistake, and learn to avoid it in any similar case.

In reference to the importance of this subject, we would compare the knowledge which enlightened physicians now have of the diseases of childhood, with the obscurity in which the diseases of this period of life were formerly involved. We will take, for example, the knowledge now possessed of the true nature of a malady which used to be exceedingly frequent, and almost uniformly fatal among children, namely, hydrocephalus, or dropsy of the brain. A child when attacked with this complaint, screams out suddenly, whilst at play. A change is quickly observed in the child's countenance. A physician is sent for in alarm. He finds the child restless, irritable, flushed, constantly moving its head on the pillow, the skin hot, and the pulse quick. In a few days the pulse becomes slow and intermittent ; the child, from being in a state of constant restlessness, attended with an occasional sudden shriek, falls into stupor ; vomiting is often superadded ; in a few days, and sometimes within a day or two, the pulse having become again extremely rapid, the child may expire in convulsions. Such is the brief history of the attack, progress and termination of a malady which used to destroy many children, and often individual after individual of the same family.

But was the history of the disease really thus brief, and its progress really thus rapid ? On the contrary, the concurrence of symptoms was in fact exceedingly numerous, and their progress remarkably slow. The disease, at the point of time at which the history of it is here taken up, appeared to be seated solely in the head. The head, generally, is the last part affected ; the brain suffered entirely in consequence of its sympathy with other and distant organs. The disease may and does commence, generally, in the abdomen. The child, long before it gave that ominous scream, had been fretful, hot, feverish, either without appetite, or with a voracious one, and these states alternating with each other ; either with a constipated or a relaxed state of the bowels, and these states also alternating with each other, the discharges meantime being always unnatural, and the abdomen always tumid, hard and oftentimes tender. These symptoms, because they did not lay the child prostrate upon its bed, were overlooked, or deemed of no consequence. But at last, from the total failure of all the means employed to save the child, when the symptoms of brain disease came on, physicians began to take another view of the matter. They availed themselves of every opportunity they could obtain of inspecting the bodies of the children who died of this terrible malady. In the brain they found water indeed, but often only in very small quantity, and sometimes scarcely any ; while there were always signs of inflammation, and, in general, *signs of recent and active inflammation*, in contradistinction to the signs which denote inflammation of a *slow or chronic* character. On looking further, they found still more striking ap-



pearances of disease in the abdomen; appearances which denoted disease of a slowly, but constantly progressive character—the source of irritation to the whole system—an irritation not perceptibly, yet uniformly increasing daily. The real nature of the malady was now disclosed. The first appearances of disease were observed; the disease was attacked before it had time to be developed; the remedy was applied to the true seat of the malady, the *abdomen*, and not to the *head*, which, as yet, remained unaffected. Under early and judicious treatment, the head thus almost always remained unaffected; and now water of the brain in children is an exceedingly rare disease, hardly ever coming on but in neglected cases of *disordered bowels*—cases neglected on account of a more than ordinary degree of ignorance or inattention on the part of the mother, or the nurse.

This is an example of the manner in which an examination of the body, after death, has led to the detection of the true seat and nature of disease; and it is but one example. The aversion to the dissection of the human body, which has hitherto prevailed in all ages and nations, is one among the many and grievous evils inflicted on man by superstition. It is the progress of civilization to change this aversion into respect and gratitude.

For the purpose of keeping a regular connection with our subject, we will next consider that portion of the human system, called the *ABDOMEN*. When the number, the diversity, the proximity, the relation and importance of the organs contained within the abdomen are considered, it will be obvious that it must be a matter of absolute necessity to the anatomist, the physiologist, the physician, and the surgeon, to mark with accuracy the situation of each. An effectual expedient for the accomplishment of this object is now in universal use. It consists in dividing the whole extent of the abdomen into certain regions or parts. It must be borne in mind that this division is altogether arbitrary, and is adopted not because there is any such division in nature, but solely because it is convenient for the purpose of science. The abdomen, then, is artificially divided into the following regions. The largest of the three splanchnic cavities, is bounded, above, by the diaphragm; below, by the pelvis; behind, by the lumbar vertebræ; and at the sides and fore part by muscular expansions. It is distinguished into three anterior regions, from above to below; viz., the *epigastric*, *umbilical*, and *hypogastric*, each of which is itself divided into three others, one middle and two lateral: thus the *epigastric region* comprises the epigastrium and hypochondria; the *umbilical*, the umbilicus and lumbar regions; and the *hypogastric*, the hypogastrium and iliac regions. The chief viscera contained in the abdomen are the stomach, liver, intestines, spleen, pancreas, kidneys, &c. It is lined by the peritoneum, and divided from the thorax by the diaphragm.

This arrangement being once understood, it is easy to speak with precision of the situation of any of the abdominal viscera. He who has made himself thoroughly acquainted with these regions, and with the organs situated in each, can tell what viscera would be wounded supposing a sharp instrument were to pass from the fore to the back part of the body, entering at any given point of the abdomen. He who can tell

this has acquired, in a practical point of view, an invaluable piece of information. He who cannot tell this, is in danger, either in the practice of medicine or surgery, of committing perpetual and fatal mistakes; and, therefore, it is evident that no student of medicine who has a clear conception of the duties of his profession, and who wishes to perform these duties, conscientiously, can be at rest until his mind is perfectly familiar with the subject.

R. C.

*Boston, Feb. 14, 1843.*

[To be continued.]

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#### THE LIGATURE APPLIED UNDER CROSS NEEDLES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—With little regard to time, place or circumstances, the ears of the surgeon are frequently greeted with a question like this—"Doctor, is this a cancer on my face?" Then comes the examination; a small, red spot may be found in the skin—perhaps it has been of some years' standing, and may have increased a little within the last few months.

In a goodly proportion of these cases, the doctor has the trouble without the fee. He may not in every case be prepared with a positive yes or no for this question; with a cautious and guarded opinion, the patron will never be satisfied; he had his doubts before, and he has them still; and even sometimes comes to the conclusion that the doctor knows no more about the case than he does himself.

Now inasmuch as we do know that some of these small affairs do not remain stationary for life, however small they may be, if of long standing, I have generally, without calling them cancers, advised the immediate removal of the part. This I do rather than subject the patient to the inconvenience of keeping a watchful eye upon the local affection for an indefinite length of time; and more especially if the apprehension of an unfavorable change has become a source of annoyance to him. If a trifling operation will relieve this anxiety of mind, the patient is certainly entitled to the benefit of it.

A small portion of diseased skin is generally removed by raising the part with the tenaculum and separating it with the scalpel. This is quickly done, and generally answers the purpose. Still there are some objections to the method: as soon as the cutting is commenced, the line of demarcation being lost in the blood, we are liable to take either more or less than we intend: but we generally take more than is necessary.

In order to remedy this inconvenience, as well as some others, I have of late years adopted the following method:—In the first place, draw the temper from two fine sewing needles, in the blaze of a lamp; then, after giving them a slight degree of curvature, introduce one at the margin of the diseased skin and bring it out on the opposite side: this is done with a pair of small pliers. Then pass a thread under the ends of the needle, raise the part a little, and introduce the other needle in such a manner as to cross the first at right angles; pass a fine silk ligature under the needles



and tie moderately tight. The ends of the needles are then cut off with the scissors. In this manner we take precisely what we intend to take, and no more.

This practice is equally applicable to some cases of *nævi materni*, and other tumors of broad base and slight elevation.

When there is much irregularity in the shape of the part to be removed, I sometimes use three needles, but they should always be very fine. This generally leaves a smaller *cicatrix*, and consequently less deformity, than the knife.

Small as is this operation, I have been gratified with the result of it, and supposed it to be an improvement of my own; but upon removing some old books from an upper shelf, the other day, I discovered a flaw in my title, viz., that the cross needles were in common use a century and a half ago. This I had either forgotten or never knew.

In a work entitled—“*ARS CHIRURGICA—in four Books—The like yet never published in any language whatsoever, by William Salmon, M.D., living in the great House near Black Friars Bridge, London, 1699,*” it is thus written—“Others (which is the most common way) pass two needles through the cancer a-cross at right angles, and hold those ends up by threads or strings, and cut it off with a sharp knife.” And adds—“This work is horrid in appearance, but soon done if a skilful and nimble artist has it in hand. I remember that I once saw Dr. Th. Gardner, the King’s Chirurgian, cut off a very large cancer, weighing near eight pounds when off, from a woman’s breast, between forty and fifty years of age. I pulled out a minute watch which I had about me, when he first took the needles in hand, and from that time, the piercing of the needles, cutting off and binding up, to laying the woman in bed, amounted not full out to two minutes; the flux of blood was very small, and the woman did well, being perfectly recovered in about six weeks afterwards.”

This kind of operation was adopted as an improvement upon the old method of removing the breast by a single swoop with the red-hot knife. In this work are also found drawings and descriptions of various modern instruments, among which is a handsome representation of Hey’s saw, on copper plate, which is thus described:—“The small Head saw is that with which some men cut away the distances between the holes made in the skull with the Trepan.”

That this description could not have met the eye of Mr. Hey when he published his “*Practical Observations on Surgery,*” in 1803, will appear from the following extract from that work. Mr. Hey says—“If a saw could be contrived which might be worked with safety in a straight or gently curvilinear direction, it would be a great acquisition to the practical surgeon. Such a saw I can now with confidence recommend, after a trial of twenty years, during which time I have rarely used the trephine in fractures of the skull.

I could go on still further, but having, like a member of Congress, wandered from my subject and exhausted my hour, will only add the assurance of my respect and esteem.

Z. HOWE.

*Billerica, Feb. 1843.*



## RESTRAINT IN LUNATIC ASYLUMS.

[THE report of Dr. Kirkbride, the Physician to the Pennsylvania Hospital for the Insane, contains a candid and explicit avowal of the limited extent to which restraint is made use of in the treatment of the patients in that institution. As this is a subject which is still receiving much attention both in this country and in Europe, and is in fact one of very great importance, we copy Dr. K.'s remarks in full. A similar extract from the last report of Dr. Wm. M. Awl, Superintendent of the Ohio Lunatic Asylum, is likewise given. We also append some remarks on the same subject by the editor of the London Medical Gazette, which occur in a notice by him of the last report by Dr. Conolly, the Physician of the celebrated Hanwell Lunatic Asylum, in England. The three extracts will show that there is little difference in the treatment, in this respect, at these institutions.]

*Pennsylvania Hospital for the Insane.*—Although the means heretofore detailed, and the aid of a vigilant and efficient corps of assistants, have enabled a large number of the patients to enjoy the privileges which I have mentioned, almost from their first entrance; it is not to be concealed, that we always have in our family some with that unfortunate temperament that blackens the fairest scenes—distorts the purest motives, and misconstrues the kindest actions; and that many require some more decided restraint, until the violence of their attack has subsided.

No hospital for the insane can ever be without restraint—the very character of the building—the laws for its government, and the supervision and discipline that is required, impose a wholesome restraint upon all who enter its walls. Fortunately, the discipline and restraint, which the necessity of the case demands, can hardly prove injurious. The same cannot be said of the means, formerly believed necessary, the evils of which were of so terrible and lasting a character, that too much pains cannot be taken to diffuse more correct and enlightened views on every occasion.

*Seclusion* in guarded chambers for a limited period, is of vast importance in the treatment of insanity; but to prevent abuse, its duration must be under the immediate direction of a superior officer of the house. To no other person can it be safely entrusted.

Every year brings us cases to prove the danger of seclusion being improperly continued; and the bad habits which we have found most difficulty in subduing, have been traced directly to this cause; often combined, it is true, with the constant employment of some kind of apparatus, which effectually prevented the patient from taking proper care of his person, had he been so disposed.

Patients steadily confined to their rooms, are generally more addicted to the destruction of clothing and furniture—to filthy habits, and often offer greater violence to those about them, than when they have more freedom in their movements.

Seclusion for very short periods, I have found sufficient restraint for nearly every case under care during the past year, and with an average

population of one hundred and fourteen, there have rarely been more than four or five confined to their chambers. On more than one occasion, for two or three weeks together, not a single male was thus restrained. At the time of writing this report, and during several previous weeks, there has been but one of each sex in this situation. If proper provision is made for seclusion, classification and attendance, all the common kinds of restraining apparatus may be dispensed with, in the treatment of insanity ; but of the propriety of doing so, under all circumstances, I still entertain doubts.

The error of dispensing with all apparatus in every case—if error it is—is fortunately one that will cure itself, and one not likely to be adopted by any person who is not actuated by pure motives and genuine philanthropy.

Our invariable rule is to remove all restraint from the person of every patient upon his entering the hospital, and it is with extreme reluctance that it is ever re-applied.

The completion of the lodges has contributed to diminish the already very small amount of restraining apparatus used in this institution. They were constructed with the express view of preventing even seclusion, by a strict classification of the patients in the halls ; and on that account, the rooms are only intended for night, or for the temporary confinement of very violent patients by day. The effects of these arrangements have been very striking. By proper association and strict supervision, very little glass has been broken (although much is exposed), and many patients have been prevented from tearing their clothes, until the habit seemed to have been entirely forgotten.

It may be assumed, as the result of experience, that a diminution of restraint, with proper attendance, promotes cleanly habits and lessens noise, breakage and tearing.

Among the patients received directly into these lodges, were several persons whose hands had been constantly in muffs or analogous kinds of restraint for years before they entered this hospital. Immediately on their reception, all restraint was removed, and in no one instance has it been re-applied.

In each of these buildings are generally sixteen or seventeen patients. During the year no apparatus for restraint has been applied, except in two cases, and it is rare that more than one patient of each sex are confined to their rooms. In the lodge occupied by the females, no restraining apparatus has been employed.

Had I felt anxious to make such a declaration, it would have been in my power to have stated, that during the past year, no restraining apparatus of any kind had been upon the person of a single patient of this hospital ; but believing, as I do, that its occasional employment may be conferring a favor on the patient, it has always been resorted to where there existed a proper indication for its use. The only indication for its use, that is recognized in this hospital, is the positive benefit or safety of the patient—never the trouble of those to whose care he is entrusted—and the direct order of the physician or his assistant, the only authority



under which it can be applied. The use of restraining apparatus ought rarely be entrusted to other hands. Until attendants have learned by experience, that ultimately they gain by avoiding its use—they rarely fail to suggest its employment, under improper circumstances—upon every occasion, indeed, when difficulty or danger is apprehended—instead of showing their own tact, by a resort to other expedients, for controlling the patient.

It has been truly said, that “any contrivance which diminishes the necessity for vigilance, must prove hurtful to the discipline” of an hospital for the insane; and this is a strong argument against the ingenious contrivances that have been devised for this very purpose.

Since my last report, one female patient was kept upon her bed for a few nights, by a very efficient and comfortable apparatus, of leather. Wristbands, secured by a belt around the body, were used with four males, and mittens (all of leather) were kept upon the hands of three other men, during a few days. A few hours were generally sufficient for all purposes. These were used when the disposition to injure themselves or others was particularly striking, or to prevent the indulgence of vicious habits.

With these exceptions, and some occasional impediment to the movement of the arms, during the action of a blister, we have found no reason for applying even the milder kinds of apparatus in a single one of the 238 cases under care during the year, and I wish it distinctly understood that the rougher varieties, as leg-locks, straight-jackets, muffs, restraining chairs, &c., are not considered as among the means employed in this hospital.

For nearly three months preceding the time at which I am writing, no patient has required any more decided restraint than simple seclusion in a guarded chamber.

*Ohio Lunatic Asylum.*—Under the head of restraint, it is proper we should go into particulars, in order to prevent misapprehension, and correct mistakes.

We allow no one in our employ to insult, taunt, ridicule, abuse, strike, whip, chain or iron a patient, under any circumstances whatever. There never was a man or woman chained or put in irons of any kind, since the Asylum received a patient; and we never had a straight-jacket in our possession. The simple leather wristbands are directed, for a few hours at a time, for those who quarrel and strike, or break and abuse the house, or furniture; and they are almost the only thing of the kind in use, excepting, indeed, the still more simple plan of fastening the waist-belt to the back of a chair, in order to keep meddlesome and busy bodies from mischief, and running about too much. The leather mitten, or muff, may be occasionally substituted for the wristbands, for such as tear clothing, or are disposed to injure themselves, or commit suicide. Cases are seldom so refractory as not to be manageable without the arm chair, though it is sometimes necessary. When there is great excitement and violence, we prefer temporary seclusion, in a strong room, to any



other way, and it is sometimes the only thing that will ensure peace and safety.

But it is a greater pleasure to remove restraints than to order them, and we are always anxious and ready to do so, at the earliest moment possible, and in the most pleasant and tender manner. Everything of this nature must be used with the best of motives, and in the most rational manner, and, as far as practicable, with a view to self-control, and improvement, so as to secure the good, and, as much as possible, avoid the bad effects of restraint.

And in this connection we may allude to what may, with propriety, be called the *art of restraint*, by which a large number are amused and controlled in the Asylum, without the least abridgement of personal freedom.

Pledges, too, belong to this art. They are often successful, without the necessity of personal restraint. We are seldom disappointed in the word of a patient seriously given, and "upon honor." A number of the peaceable and orderly have the entire freedom of the farm upon these terms, and are sometimes sent down to the city alone. And we very frequently succeed in controlling even the mischievous and more violent, at least for a time, by obtaining their pledge of good behavior.

Cold and warm bathing is also used in a variety of ways, especially the cold bath, which is employed, both as a means of health, and to induce self-control and useful restraint. A number of interesting cases might be related, in which this invigorating and salutary measure has been attended with the most beneficial and happy results. It is the best thing we have ever tried with ill-natured and petulant patients, and for fighting gentlemen there is nothing could do better. A complete showering of both parties is quite satisfactory, and generally makes them the very best of friends.

Shortly after commencing the institution, we received a noble-looking man, of gigantic stature, who had once been a lawyer of distinguished abilities. He had previously been confined in a lunatic hospital for a number of years, and, during most of the time, was so frantic and dangerous that his attendant considered it necessary to keep him chained to the floor night and day. He possessed great muscular strength, and some very extraordinary stories are related of his destructive violence, &c.

It was not long before there was serious trouble, for we found him to be head-strong and irritable, and exceedingly vulgar and profane; but a complete showering, which was continued until he firmly pledged his word and honor to behave like a gentleman, completely ended every difficulty in the most successful and permanent manner. He has ever since been as easily managed as any one in the institution—is a perfect gentleman in his manners, reads the news, studies his favorite Blackstone, and talks quite fluently about the "*common law*" and the "*validity of contracts*." In person he is said to resemble a highly-distinguished American orator, now deceased. He is 51 years of age, and may be recognized as the magnificent ruin of a great man.

Three years since he agreed, after much solicitation, to prepare an

oration for the then approaching anniversary of our national independence, provided we furnished a copy of the Constitution of the United States, the Constitution of the State of Ohio, a bible, and *some tobacco*.

Such, in general terms, are our views and sentiments upon the subject of discipline, and the means of restraint which we have found to be necessary and useful; and even these are but seldom required. At the moment we are engaged in the composition of this paragraph, with one hundred and forty-eight insane persons under charge in the Asylum, there is not a single individual under any other restraint than the walls of the building; and this is frequently the case for weeks together. They talk in England, and upon the Continent, of their *recent improvement* in these respects; of the value of mild treatment, and the disuse of all harsh means, and cruel restraints, describing, at the same time, the *means* which their experience has proved to be sufficient. It is well. We are thankful the things which they have laid aside, have never been in service with us. What they call mild restraints, have always been our strongest measures, and their conclusions our point of beginning.

*Hanwell Lunatic Asylum.*—The system of non-restraint, so happily transplanted from Lincoln to Hanwell, still flourishes and bears fruit. If it is a subject of just exultation to the French, that Pinel abolished the use of chains at the Bicêtre, and first emancipated lunatics from the reign of terror, we may boast that the scholars can now instruct their teachers, and return the lessons of philanthropy with rich usury. Dr. Crommelinck has lately sent in a report to the Minister of the Interior, in Belgium, on the lunatic asylums of England, France and Belgium, clearly showing the superiority of our own.

The appearance and general state of the patients in the wards of Hanwell, the order, activity, and cheerfulness, which pervade the Asylum, and the rapid subsidence of the wildness of new patients, are all alleged by Dr. Conolly as proofs of the superiority of the gentle plan of treatment. It occasionally happens that patients are brought into the Asylum in severe restraints. They are immediately set free; nor is the restraint ever put on again; yet the patients remain quiet.

In one of the remarkable cases narrated by Dr. Conolly, “a delicate girl, of small stature, and epileptic, was brought to the Asylum in close restraint, her wrists and ankles marked with iron hand-cuffs and leg-locks. The warm bath and the removal of restraints restored her to ease and content. In her tranquil state, her expressions were those of gratitude and affection; but during the maniacal excitement which accompanied her epileptic fits, her past impressions predominated, and she often fell on her knees and entreated that no one might be allowed to come and tie her down. She has now been managed for five months entirely without restraints.

What was once an experiment is now a successful system, and the wards of a lunatic asylum need no longer be a place of terror to the most sensitive visiter. Kindness, which performs miracles everywhere, which, like the sun in the fable, penetrates those rugged coverings that wind



and storm did but apply more closely—kindness is the “open sesame!” to the heart of the insane, and is a therapeutic agent at once to body and mind.

Among the asylums where the new system reigns, Dr. Conolly mentions those of Lincoln (where it originated), Northampton, Stafford, Gloucester, and the Royal Naval Hospital at Haslar. In other asylums where restraints are not wholly discontinued they are rarely resorted to; this is the case at York, Ipswich, Dunfries, Belfast, Clonmel, and several in the United States.

“What is to be done with suicidal patients?” is the triumphant question of those who still adhere to the system of restraint. The Hanwell answer is, treat them with kindness, and you will lessen the disposition; watch them with diligence, and you will render its accomplishment almost impossible.

Nine patients made attempts, several of them repeated ones, at self-destruction; but not one was successful. And since the severest restraints of the olden time have often proved ineffectual, the new system may challenge scrutiny on this score.

Nay, we would go farther, and would affirm that if the life of a single maniac is to be purchased by the misery of a hundred—if the enjoyment of existence and the hope of recovery are to be diminished to a hundred patients with suicidal inclinations, in order that one lunatic the more may be coerced into existence, and be kept chained on the brink of destruction—the advantage is obtained at too high a price; more *surveillance*, if you please, but no straight waistcoats.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MARCH 1, 1843.

*Smallpox in Boston.*—Since the early part of October this disease has been common in Boston, and it still exists with considerable activity. Just as long as there are unvaccinated persons in town, it will continue to be propagated from one to the other. It is not kept here, however, by the native inhabitants, but by strangers who are temporarily in the city. The State of Maine is presumed to supply more subjects for the smallpox in Boston, than all the rest of New England. Young men and women are constantly coming to the city from that State for employment, without having been vaccinated. After the lapse of two or three weeks they often contract the disease, without knowing how or where. Many of them are thrown upon the charity of their acquaintances, should they happen to have any, or at once become a public charge. Those who recover are of course sometimes shockingly scarred and pitted, and their faces, which were once fair and regular, woefully changed. Although the fact is well known that the people of Maine are such great sufferers by smallpox, not only in Boston, but wherever they happen to wend their way, it seems to lead to no effort at home to protect the people. No regard seems to be



paid to the greatest discovery of the age, in any of the large towns in Maine. Till some systematic course is pursued to extend the benefits of vaccination, beginning with children at the district schools, the loss of life will be continued and be annually increasing from this same melancholy cause.

We have no precise means of ascertaining the number of cases of smallpox which have occurred the present winter in Boston: that they have been exceedingly numerous, is placed beyond a doubt. Admitting that the average rate of mortality is as one in ten, there must have been over three hundred sick with the genuine or modified form of smallpox, since the first of October, as there had been 38 deaths up to Saturday last. This is a plain statement, which is sufficiently alarming to induce those, who are still unprotected, to avail themselves at once of the only sure preventive known.

On the 8th of April last, a case of smallpox accidentally made its appearance in the Massachusetts General Hospital, in a man, who, for some time previous, had been a patient in the surgical ward; and, "notwithstanding every necessary and proper precaution immediately taken by the officers to prevent the spread of the disease, two others in the same ward were attacked by it—to one of whom, Mr. Samuel Holt, it proved fatal. It is said that these three individuals were the only ones, out of ninety-three persons at that time in the house, who had never been vaccinated; and, if this be true, the fact affords additional evidence of the great protection afforded by vaccination against the virulence of this much-dreaded disease, since no others were attacked by it. Sixteen cases, however, of varioloid appeared in the Hospital from the 20th of April to the 1st of June, most of which were quite mild in their character. Since that period, it has been free from all appearances of contagion. In consequence of the breaking out of these diseases, the number of patients was reduced from 61 to 13—the directors feeling it to be their duty to forbid all admissions during their prevalence. After their entire disappearance, it was deemed advisable to have the several wards thoroughly cleansed, white-washed and painted—an operation which occasioned the incurring of an additional expense in repairs, and, at the same time, prevented the admission of new patients."

No child can gain admission to a public school in Boston, without a certificate of vaccination. That no parent shall plead inability to comply with this excellent law, ample provision is made for gratuitous vaccination of the poor, every day in the year. However rife the smallpox may be, therefore, at any time in Boston, the schools, in which over ten thousand children are taught at the public expense, are never interrupted by smallpox—for no pupil is susceptible of the disease. When other cities and towns adopt the same prudent system, the alarms created by cases of smallpox will be very rare, and deaths from that cause almost unknown.

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*Transactions of the Philadelphia College of Physicians.*—There is a pleasure in the perusal of the papers which are emanating quarterly from this learned body. An annual report on surgery, by Dr. Isaac Parish, published in the last No., is really worth a very careful examination. His critical comments on the value of the operation for strabismus, show him to be a man of sound judgment and discrimination—and, withal, a candid

spectator of passing events. It is to be feared that the division of the muscles of the eye will by and by fall into disuse—not because there is no success attending the operation, but because such a troop of upstart, would-be surgeons have courted distinction in that way, unsuccessfully, that people of sense begin to distrust expert, skilful operators, under all circumstances.

Another hobby—for it came near being one—a division of the muscles of the tongue, to cure stammering, did not become fashionable in the United States—which is fortunate for those who would have been the unfortunate patients. Unpromising as the prospect was, there were persons ready to build up a reputation on such a sandy foundation.

Dr. Ashmead's successful operation for an artificial anus, is properly estimated, and praise justly bestowed where it belongs. He operated on a female, 37 years of age, as long ago as March, 1838, who was affected with a scirrhus tumor of the rectum, causing complete occlusion during a period of several weeks. The abdomen and flanks, says Dr. Parish, were enormously distended, and the least motion or attempt to eat produced extreme suffering. The operation spoken of with such admiration, consists in making an opening into the descending colon, at the lumbar fossa, and in the triangular space between the edges of the obliquus externus and latissimus dorsi.

We hope these transactions may have an extensive circulation. The cost is but a trifle when weighed against the valuable information they impart to the attentive reader.

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*Elongated Uvula and Enlarged Tonsils.*—James Yearsley, Esq., a London surgeon, somewhat distinguished for his researches into the causes of deafness, has produced a treatise on *Elongated Uvula and Enlarged Tonsils*, which develops some important views. He points out the intimate connection between certain morbid conditions of the throat and ear, says the editor of the London Sun, and several imperfections of the voice and speech. Mr. Yearsley has established that when those parts are in a state of active inflammation, they may be excised with safety and even advantage, as there is scarcely any hæmorrhage. It is advisable, therefore, even in cases where it seems to be hazardous to perform the operation, not to hesitate a single moment, when the condition of the patient is at all endangered by the delay. Mr. Yearsley conceives that a relaxation of the mucous membrane of the throat and elongation of the uvula, give rise to symptoms which indicate a pulmonary consumption. An incessant irritation produced by an elongated, pendulous uvula, produces cough, and, if long continued, may develope a disease of the lungs, especially in persons hereditarily disposed to that malady. The voice of singers is singularly influenced by the uvula; if too long, the character of the voice is immediately improved by snipping it off. Practitioners should look to that little appendage often, since it may give rise to a multitude of formidable affections that might be removed instantly with a pair of scissors.

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*Mismanagement of the Insane in Massachusetts.*—Those who are acquainted with the name of the lady spoken of in the following remarks, are better able than ourselves to appreciate the value of her benevolent



exertions. Within the hospitals, the insane are provided for in an unexceptionable manner. In the jails and almshouses, their condition may be as dreadful as represented, and therefore demands a speedy legislative inquiry. If really so, it is disgraceful to the age, and a sin in the sight of high Heaven to neglect those unfortunate creatures whose claims upon the charity of the Commonwealth are undeniably strong—and now more cogent than ever. “Miss D. L. Dix, of Boston, well known by her untiring labors in the cause of philanthropy, has within the past year visited nearly every town in Massachusetts, with the praiseworthy view of ascertaining, from actual inspection, the *condition of the insane* in the different towns of this Commonwealth. The result of her researches, says the *Evening Journal*, are embodied in a memorial to the Massachusetts Legislature, and contains facts which no person blessed with a portion of humanity can learn without experiencing a shudder of mingled indignation and pity. There are few persons, indeed, who are aware that scenes of the most revolting and cruel character are daily practised in many of the almshouses of this State; and those poor unfortunate individuals, who are bereft of reason, and should be regarded with compassion, and treated with the utmost care and tenderness, are at the present time, to use the language of Miss Dix, confined within this Commonwealth in cages, closets, cellars, stalls, pens; chained, naked, beaten with rods, and lashed into obedience.”

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*Hudson Lunatic Asylum.*—Since this institution was opened by its proprietors, Drs. S. and G. H. White, in 1830, for the relief and cure of the insane, a period of twelve and a half years, 580 patients have been received. A large proportion have recovered and been restored to society and their friends in the enjoyment of reason, and others rendered more comfortable, if not much improved.

During the year 1842, seventy-one patients have been under their care, in this institution: to wit, Recent Cases, 15; Chronic do., 50; Intemperate do., 6. Total, 71.

Thirty-eight have been removed during the year: to wit., of the Recent Cases, cured, 10; recovering, 2. Of the Chronic Cases, cured, 4; recovering, 2; improved, 15; died, 1. Of the Intemperate Cases, 4 left with their systems renovated, and resolving to abstain from all intoxicating drinks. Remaining, Jan. 1, 1843, under treatment, 33.

The members of the Board of Supervisors of the County of Columbia, having visited the Lunatic Asylum of the City of Hudson, expressed the sense of the Board. Being placed on an elevation overlooking the city and surrounding country, with an extensive view of the Hudson River and the Catskill Mountains, few locations can be found to compare with it in healthfulness, or beauty, and grandeur of scenery. The building is spacious, and constructed in such order as to accommodate from fifty to one hundred patients. The rooms are so arranged that patients can have an apartment by themselves, or can have an associate or nurse, having each a sleeping room with a sitting room in common, all being properly warmed, lighted and ventilated. The windows are secured by iron sash, and the furniture to the rooms so constructed, as to make them in the highest degree comfortable, and yet so as to remove all means from the patients of doing violence to themselves. The different apartments are furnished with great neatness, and in most cases with elegance.



*Dr. Alcott's Coffee.*—Those who have kept pace with the radical system of dietetic philosophy which has been principally promulgated abroad from New England, the last half dozen years, must have heard of Dr. Wm. A. Alcott, whose strength is freely expended in heralding the discovery that nearly every article heretofore considered wholesome food in civilized states, is death in disguise. To particularize the prohibited kinds of aliment in the new school of physiologists, would be a laborious undertaking. The highest rank in the catalogue of destructive agents of life, is given to tea and coffee; and on these two, Dr. Alcott, in common with the new-light eaters, has been unsparing in his anathemas.

But now comes the test of principle. The Imaum of Muscat has sent Dr. A. a bag of superb coffee, little dreaming that he was thrusting a fire-brand into a powder magazine! Now what is to be done with it? Dr. A. makes an effort to extricate himself from his unpleasant situation, by stating in the papers that it does not properly belong to him, he having never sent certain books which drew forth the splendid present, and calling upon the individual who did send them to come and take the coffee off his hands. Still it is now in his possession, and is, for aught we can see, likely to remain there; so that the question again recurs—what is to be done with it? Dr. Alcott cannot use it; nor can he consistently give it away, for he is too honest to put a knife into a neighbor's hand to kill himself with. It cannot be returned to his Highness at Muscat—for that would be a gross insult; nor can he be guilty of an act so unjust, after reviewing his own arguments against coffee, as to sell it and pocket the money.

Certainly our friend is in a strait, since he cannot be honest, after all that is past, if he either drinks, sells, returns or gives away this troublesome bag of coffee. Although the Jews of antiquity could not eat pork themselves, they did not scruple to raise swine and sell them to the Gentiles, since there was no prohibition in the Mosaic law that seemed to forbid the traffic.

In this case there is a great moral principle at stake, which we consider a capital test of sincerity in the cause of dietetic reformation; and therefore we wait, with anxious solicitude, to know how the doctor will extricate himself from this hedge of perplexity—involving, as it does, the very foundation of the edifice on which his reputation rests, as a consistent Christian and conscientious medical reformer.

*Medical Institution of Yale College.*—The annual course of lectures in this institution closed on Tuesday the 17th ult., and the session of the Committee of Examination continued during the three following days. Present, on the part of the Connecticut Medical Society, Elijah Middlebrook, M.D., of Trumbull, *President*; Luther Ticknor, M.D., of Salisbury, Charles Woodward, M.D., of Middletown, and Archibald Welch, M.D., of Wethersfield; and, on the part of Yale College, Professors Silliman, Ives, Knight, Beers, Hooker and Bronson.

Seventeen candidates, after reading their dissertations and passing a satisfactory examination, were admitted to the degree of Doctor in Medicine, by President Day, of Yale College, viz.:—Wm. Coley Betts, Wilton, "an inquiry into Physiological and Pathological Action." Wm. Richards Boardman, B.A., Hartford, on "Hydrocele." Wm. Edmond Booth, Newtown,

on "Diabetes Mellitus." Joseph Rowland Brisco, Newtown, on "Gonorrhœa." Linus Pierpont Brockett, Lyme, on "Iritis." Wm. Augustus Bronson, B.A., New Haven, on "The Pulse." George Whiting Burke, M.A., Hartford, on "Melancholia." William Taylor Clarke, Rodman, N. Y., on "Inflammation." Alfred Washington Coats, Sterling, on "Scarlatina." Elias Franklin Coats, Plainfield, on "Menstruation." Robert Crane, Bethlem—the Valedictory Address. David Lewis Daggett, B.A., New Haven, on "The Therapeutical Application of Ice." Horace Judson, Newtown, on "Dysentery." Samuel Harper, Lea, B.A., Baton Rouge, La., on "The True Character of Medical Science." George Page, B.A., Rutland, Vt., on "Apoplexy." George Edwin Perkins, New Haven, on "Pleurisy." Charles Barnes Whittlesey, Berlin, on "Phloridzin."

David Hughes, B.A., of Cape May, N. J., read a dissertation on "want of Principles in Medicine, and Difficulties of Medical Investigation," and after examination received a license from the President of the Connecticut Medical Society.

*Medical Miscellany.*—An aged woman is represented to have died at Charlestown, in convulsions, brought on by fear that a general conflagration of the globe had commenced, which she was convinced of by an alarm of fire at Cambridge, near by.—Dr. Ware was elected an associate of the Philadelphia College of Physicians, at the last November meeting. Dr. Thomas Dillard, of the U. S. N., and Dr. Paul B. Goddard, were elected Fellows. At the December meeting, Alfred Stille, M.D., and John R. Reese, M.D., were also elected Fellows.—A curious correspondence is related in the Boston Courier, between Dr. Bowditch, of this city, and Dr. L. M. Ricaud, of Charlestown, Kent Co., Maryland.—The Duke of Marlboro' has mesmerized a dog in Ireland. American dogs continue to resist the magnetic influence.—Dr. E. G. Kelly, of Newburyport, Mass., an ingenious, philosophical dental operator, has just published a popular treatise on the human teeth and dental surgery, which will receive a more special notice the coming week.—At a late meeting of the Philadelphia Medical Society, Dr. Parry, of Indianapolis, Indiana, read an instructive paper on the history of *congestive fever*, of that part of the Union.—Mr. Zeitz, the surgical-instrument maker, Washington street, has just completed some highly-finished specimens of surgical cutlery.—Mr. Metcalf, Tremont Row, and Brewer, Cushing & Stevens, Washington street, have an extensive assortment of desirable instruments for physicians as well as surgeons and dentists, which are creditable to the skill and ingenuity of our manufacturers. The cutlers of London cannot excel those of this country in this line of workmanship.—Dr. R. M. Patterson has been lecturing on sound in Philadelphia. One evening was devoted to wind-instruments, and it is hoped he explained how many thousands have blown themselves into a consumption by them.

**DIED.**—In Dorchester, Mass., Dr. Samuel Mulliken.—At New York, Dr. Henry Mead, 65, a native of Connecticut.

Number of deaths in Boston, for the week ending Feb. 25, 38.—Males, 17; Females, 21. Stillborn, 6.

Of consumption, 4—inflammation of the throat, 1—dropy, 2—lung fever, 1—pleurisy, 1—child-bed, 2—croup, 1—smallpox, 2—marasmus, 4—infantile, 6—disease of the brain, 1—varioid, 1—apoplexy, 1—intemperance, 1—liver complaint 2—old age, 2—paralysis, 1—burn, 1—tumor on lungs, 1—rickets, 1—scarlet fever, 1—erysipelas, 1.

Under 5 years, 16—between 5 and 20 years, 3—between 20 and 60 years, 14—over 60 years, 4.



*Deafness, with diseased Tonsil and Uvula, affecting the Voice in Singing.* Successfully treated by W. THORNTON, Surgeon.—Miss M., a professional singer, residing in London, consulted me chiefly on account of deafness, her left ear having been affected twenty-five years in consequence of scarlet fever. She had been under the treatment of an aurist for some months, and after undergoing blistering, leeching, syringing, stimulating ointments, and acoustic drops, usually resorted to by quacks, without deriving any benefit, the disease was neglected for fifteen years, from a dread of being made worse. The Eustachian passages being obstructed, she could not inflate them, though the hearing functions of the other ear were perfect. Upon examination, the left meatus externus, near the bottom, appeared contracted; so that the orifice would only admit the point of a probe. On touching the membrana tympana, scarcely any pain was excited, but the touch conveyed a parchy sensation. By syringing with warm water, a dull obtuse sound was produced and some hardened wax removed. The hearing of this ear was completely lost; she could not hear my watch even when pressed on the external ear or the forehead; but the introduction of a catheter through the nostril, into the Eustachian tube, plainly demonstrated a diminished calibre of this important canal. I now attempted to catheterize the Eustachian tube, but was unable to accomplish this at the first, second, or third trials: I therefore prescribed friction of the ointment of iodide of mercury upon the external fauces, and small doses of iodide of potassium and Decot. Sarzæ. concentrated, internally. This plan was adopted for two months, when I succeeded in passing medicated vapor douche and a bougie into the Eustachian passages. By persevering in the use of the iodine for three months, and frequently, during this time, dilating the Eustachian tube by means of the catheter or bougies, hearing was gradually restored, to the great delight of my patient, who had not enjoyed it for twenty-five years. This lady complained of an irritation in the throat when exceeding a certain note, producing a tickling and hoarseness which affected and impeded her singing.

Upon examination of the fauces I discovered the left tonsil elongated and hard to the touch; the uvula very much relaxed—sufficiently to account for the above symptoms. I applied a strong solution of alum, by means of a small camel brush, touching the tonsil every third day with caustic. The effects of this combined treatment were very satisfactory; all the symptoms disappearing, the voice permanently improving, and the patient gaining two or three notes. I have dwelt longer on this interesting case than I intended, to illustrate the importance of the “Medicated Vapor Douche” in obstructions of the Eustachian passages. I am convinced no person laboring under deafness, however protracted, should abandon the hope of relief until their ears have been skilfully explored by catheterism of these passages. Strictures of this tube are removed on the same principle as when existing in the urethra. By dilatation with bougies and medicated vapor, these canals and cavities are readily cleared out. The great difficulty of the manipulation is admitted, but still I have frequently succeeded in passing a fine whalebone or catgut bougie.—*Lon. Med. Gazette.*

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*Sulphate of Quinine.*—According to a Parisian Journal (the *Examineur Médical* of Dec. 15th), serious symptoms, and even death itself, had lately followed the administration of large doses of sulphate of quinine in the hospitals.



T H E

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## OBSERVATIONS ON SEMINAL AND OTHER DISCHARGES FROM THE URETHRA, WITH ILLUSTRATIVE CASES.

[Concluded from page 39.]

How the lunar caustic acts in extinguishing the morbid sensibility of the mucous surfaces I cannot tell, but of its virtues in this respect few surgeons can be ignorant. Every day we apply it to modify the painful irritability of ulcers, as well as that of certain affections of mucous membranes.

If the affection has been caused by a gonorrhœal or gleet discharge, the treatment must be the same as in the former instance.

If it has been caused by stricture, we must first restore the canal to its natural diameter; and it may be that the morbid state of the mucous membrane behind the stricture will gradually improve when the obstacle to the passage of the urine is removed, and that with the cessation of that morbid state may also cease those spermatic discharges which have been caused by it. But this conclusion is not inevitable; the obstacle to the passage of the urine may be removed, but the morbid condition of the posterior part of the canal, which has resulted from it, may persist: so may the specific discharges. Then the efficacy of the lunar caustic can be at once demonstrated; and a single proper and sufficient application of the remedy, with the precautions already indicated, will, in most cases, promptly cure the disease of the urethra as well as that of the spermatic organs.

If the discharges be determined by irritation of the anus, or the rectum, appropriate means must be used to cure the intestinal disorder; and it may be that when that has ceased the spermatic disorder will also cease, as in Case 6. But, as in Case 5, it may persist, because a distinct irritation may have been determined in the urethra by the long-continued action of that of the intestinal canal; and to dissipate that, recourse must be had to the lunar caustic, under the same restrictions as have been already pointed out.

Such is a general view of this very distressing class of diseases—and, as I think, the appropriate remedy—and the illustrative cases will follow. How many cases I have treated in the last eleven years I cannot exactly say. I have notes of twenty-five cases, but they have all been treated within the last five years. At first I had intended to detail the whole, but as their general features are a good deal alike, I have prefer-

red giving a few which sufficiently clearly represent the class, and will save the time of the reader.

CASE I.—H. J., æt. 22, applied to me under the following circumstances: he had had, for some time, a good deal of trouble about his heart; his stomach did not properly perform its functions; his bowels were irregular, and he had lost flesh and strength. At times he had considerable cerebral excitability, when he could not bear the slightest noise without much distress. He had been under treatment for these complaints; had, at different times, applied various means of counter-irritation in the region of the heart, and, for a long time, had used only farinaceous food. Under this plan of treatment some of his symptoms had been relieved, but others had been aggravated, and his strength still further declined. After examining the heart, which afforded no evidence of anything beyond functional disturbance, I was struck with the apparent languor, the downcast, unquiet look, and hypochondriacal expression of the patient, and my suspicion was at once awakened as to the cause of this state of things. I requested his mother, who accompanied him, to leave the room; when I told him at once that the cause of his present discomfort was the abuse of his sexual organs. At first he hesitated, but only for a moment, and then admitted that to a certain extent my impression was correct. When further pressed, he said that, living in the country, and being a good deal alone, about four years before he began to addict himself to masturbation; that the habit soon took such firm hold of him that scarcely a day occurred in which he did not recur to it at least twice; that the emission, after a time, took place with incomplete erection; and that at the time he consulted me he could not hold an ordinary conversation with a young woman without a continuous discharge of spermatic fluid. The consequences which soon followed the indulgence of this habit were, first—obstinate constipation, then stomach derangement, lassitude, and very distressing palpitation of the heart, with profound hypochondriasis. Several medical men were consulted, and the treatment to which I have already referred was employed. After a long persistence in this plan of treatment, suspicion was awakened in the mind of the attendant as to the possibility of the symptoms being produced by disturbance of the sexual organs. He was interrogated on this point, and a slight admission was made by the patient. He was then cautioned as to the consequences of such a habit, and it was suggested to him to “go with women.” Into the question of the morality of this advice I need not enter, but in other respects the advice was not prudent. It is almost certain that in the state of the sexual organs induced by excessive masturbation, erection would be incomplete, emission almost immediate, and connection impracticable; mental depression would be increased, and disgust of life more decided. The advice, however, was followed in this case, and, for the first time in his life, he proceeded to the haunts of infamy. Connection was attempted, but without success; and after resorting to those places five or six times, he abandoned them “quite tired of life.” I assured him that all his sufferings were owing to his indulgence in this baneful habit; and that if he persisted in



it, they would be further aggravated; and that the first object was to refrain from the practice, and that this depended entirely upon himself; that even if he could carry his resolution into effect, it was very likely that involuntarily, in some shape or other, the discharge might for some time continue. I directed him to try his resolution for a month, and to let me see him at the end of that time. When he came again, he said he had abstained entirely, but that matters were not much better; that nine times, during the night, there had been involuntary discharges; that on two occasions they had happened during the time he was speaking to women; and that several times there had been involuntary discharges during straining at stool.

I now examined the sexual organs, which were extremely lax, the structure of the penis offering no feeling of elasticity when pressed between the fingers, and the scrotum almost as thin as a piece of linen cloth; the testicles hanging very low. Upon proceeding to examine the urethra, the same cowardly dread of pain which is common in people with these habits was strongly shown. A bougie was carefully passed for the purpose of ascertaining whether exaggerated sensibility was present at any part of the canal: on arriving some distance beyond the curvature, he regularly screamed out, and the instrument was quietly withdrawn. I now determined to blunt the sensibility at this point by applying upon it lunar caustic; this was done on the following day. That day week I saw him again; his spirits were much improved; a more complete erection of the penis than had been known for upwards of a year had occurred on the morning he saw me; and with the exception of the fifth night no emission had taken place. There was a slight mucous discharge, and there had been smarting when the urine passed, for a couple of days after the application of the caustic, but it was rapidly lessening. In three weeks afterwards I heard from him again, but did not see him: there had been two more discharges during the night, but he was sensible of increasing energy of the sexual organs. The impression on my mind was, that a second application of the nitrate would be necessary in this case, more especially because I was rather more chary of the caustic in this case than usual, from an apprehension that, from his great morbid excitability, there might be some after trouble; however, there was none; and as I have not again heard from him, it is fair to suppose all has gone on well.

CASE II.—I was consulted by W. R., aged 35, who was suffering from the effects of frequent involuntary discharges from the urethra. The account he gave of himself was as follows:—some years before the period when he consulted me, he went to Russia, and, being much addicted to women, he there formed an intimacy with a woman of rank, whose propensities in that direction were still more decided than his own. They lived together many months, and indulged in the most unbridled excesses, until his health began to suffer. Becoming sensible of the consequences of this course of life, he determined to break off the connection and set out for England. This resolution he carried into effect. For a time he lived carefully, and his general health improved; but with



amended health came desires for a new attachment ; and as this was not difficult to accomplish, a connection was formed, and with the same results as in Russia. The connection continued ; change of air was tried ; vows of greater continence were made and broken ; when ultimately the connection terminated, and with broken health, and some suspicion of pulmonary disease, he was again set free.

It was at this time I saw him. He was about the middle stature, but somewhat emaciated. The digestive functions were much deranged ; the voice was faltering ; the expression of countenance was indicative of great mental depression, and it appeared that his presages were of the most gloomy character. His respiration was quick ; his pulse irritable ; his food ill-digested, his bowels constipated, his urinary organs irritable ; he was obliged to make water twice or three times in the night, and in the morning a number of granular bodies could be detected in it. He slept ill ; sometimes he was awoke by distressing dreams, sometimes by involuntary discharges. I found, further, that although he had ceased to see the lady—his former mistress—a daily correspondence was kept up ; if possible, more injurious than their former close connection. Every letter of hers he read induced a seminal discharge—every letter he wrote to her had a like effect.

My first request was to break off the correspondence. This was done, and with much advantage. Still he did not usually go to stool without pressing out of the vesiculæ seminales a certain quantity of spermatic fluid, and the granular particles were rarely absent from the urine. It seemed a useless waste of time to try to regulate the functions which were deranged, while the cause of that derangement still continued. I therefore passed a bougie along the urethra, and I found that though sensitive everywhere, it was especially so at a point in the neighborhood of the prostate. For the two following days I introduced the bougie, and let it remain in the canal for a quarter of an hour, with a view to accustom the canal to the presence of a foreign body, before the caustic instrument was introduced. I then applied the caustic cautiously, and no great inconvenience was complained of. The caustic was applied about two o'clock ; he remained on the sofa until five ; when, instead of taking a light dinner at home, as he was ordered, he adjourned to his club, which was a few doors off, and, whether from exposure to cold, or other cause, he had no sooner sat down to table than he fainted. The nearest medical man was sent for, and when I arrived I found him pretty well again. He made water, and was put into a warm bed, and the next morning was in his usual state, but there was a considerable discharge from the urethra ; and from the moment that discharge abated, the spermatic discharge abated also ; and in the succeeding three weeks the discharge had only occurred twice—once in the first week, and once in the next fortnight. When every hope of all going on well was strongest, pulmonary symptoms became more decided. He was sent to Hastings, but the climate of that place had no power to arrest its progress. He returned, and died, as nearly as may be, free from his original source of trouble.

CASE III.—A. B., a young man of 24, was brought to me by Mr.

Joseph in a state of settled melancholy. He complained of pain in the groins, the perineum and the loins, complete relaxation of the genital organs, a swimming and noise in the head, and a perfect inability to use the slightest effort. I at once saw, from the history of the case, and the cast of his countenance, that seminal discharges or excesses were at the bottom of his sufferings; but the probabilities were in favor of other modes of excitement than sexual intercourse. I charged him with masturbation, and, with a little hesitation, he confessed it. He had carried it to a very considerable extent, oftener twice than once a day, when at last he observed that no complete erection took place. Recourse was then had to such books as are advertised daily for the cure of sexual debility. He submitted to the treatment recommended by their authors so long as his money held out, but he derived no benefit from it. The dark pictures drawn in their publications of the consequences of this pernicious habit still further impressed his mind with a conviction of impotency. He abstained lately from masturbation, but the frequency of the discharges was not lessened by it. By night and by day they still occurred, and, to use his own expression, "life seemed leaking away."

A bougie was carefully introduced: a very sensitive point of the canal was discovered, about an inch in front of the neck of the bladder. Upon this point the caustic was immediately applied. He did not complain of much pain from the operation, and at once proceeded to his ordinary occupation. I saw him at the end of four days from the application of the caustic, when his spirits were much improved. He had a thin discharge, which had come on in the course of the evening of the day on which I used the remedy; it had been increasing up to that day, but it seemed to have attained its acme. When he first made water there was some smarting, but it soon abated. From this time I did not again see him, but I learned from Mr. Joseph that he rapidly recovered, and completely; and that he is at present quite free from any disorder of the sexual organs.

CASE IV.—E. G., aged 24, a medical man, consulted me some time since for a similar affection: but altogether his case was the most severe I have ever seen. His person was much emaciated; his voice faltering; his respiration hurried; his heart palpitating; his stomach unable to bear any but the simplest food; the abdominal cavity tormented with flatulence, and his bowels constipated.

He stated, that during his school days he had addicted himself to masturbation, and that for some time his excesses in this respect were great, but that ultimately he acquired the power to resist the inclination, and afterwards it was only resumed occasionally. But the irritation which had been set up continued, and induced nocturnal emissions, which had amounted, when I first saw him, to sixteen in four weeks. Their effect was most distressing; they produced respiratory trouble so intense in its character as to resemble a paroxysm of asthma. The trouble to the circulation was not much less remarkable, and the voice was broken and faltering. After twenty-four hours these severe symptoms abated to some extent, so as to allow him to attend to his business. It was not without



much effort that he could allow me to examine the urethra, so much had his moral courage been prostrated. However, it was at last accomplished, but although a bougie was introduced without any approach to violence, syncope followed. Beyond the curvature the pain became excessive and unbearable, and the instrument was withdrawn. On the second day from this examination he came to have the caustic applied, but in the interval there had been an involuntary nocturnal discharge. I applied the caustic, and the discomfort experienced on this occasion was much less than that upon the simple examination on the last. In a fortnight he came to me in improved spirits, and stated that he had felt himself so much better that he had undertaken the situation of assistant to a practitioner in the country. He stated that the improvement had been in every respect remarkable, and during the fortnight he had only two emissions, and that the after trouble had been much less severe. He was anxious that the caustic should be applied a second time, before he went into the country. To this I objected, because it was impossible at that time to estimate the effect of the first. I advised him, if necessary, to come up in a month. He did so, and was in all respects much improved, but he said he did not feel himself equal to the knocking about of a country practice, and that riding hard was particularly unsuited to him. During the month there was an increased vigor of the sexual organs, and there had been only three involuntary discharges. It was evident that, though much abated, the evil still existed, and I therefore determined to make a second application of the caustic. On this occasion none of the inconvenience of the first introduction of the bougie was experienced; the morbid sensibility was much blunted, and the remedy was easily applied. From this time I can give no account of the case. I did not know his address at the time, nor any of his friends, and I have consequently made no inquiry about him. But as there was reason to suspect disease of the chest, it is very possible he may be dead. Still, so far as it goes, it is interesting, as showing the very formidable consequences of such discharges, as well as the striking effects of lunar caustic as a remedy when they are involuntary.

CASE V.—A young man was placed under my care for disease of the rectum; characterized by occasional intense irritation, followed by hemorrhage, sometimes alarming in extent. An examination showed a tumor as large as a small walnut, which, though attached within the external sphincter, was protruded under this effort. This tumor was erectile in structure, very rough in its surface, and in every crevice were numbers of ascarides; and it was through their agency that the irritation seemed to be developed, so as to provoke hemorrhage. When this irritation was great, and this was at least once in twenty-four hours, it induced a discharge of spermatic fluid. In this case the treatment was clearly marked out, and there was a fair ground for supposing that when the irritation within the rectum had ceased, the spermatic discharges would also cease. A ligature was placed around the tumor, and the irritation within the rectum was cured: but although what was conceived to be the cause of the spermatic discharge had ceased, the discharge had not. Neither, in two



months afterwards, had it shown any disposition to do so; for in the previous twenty-eight days it had happened thirteen times, sometimes during sleep, sometimes during the day. Whatever may have been the original exciting cause, it was now clear that some one still existed. The canal of the urethra was examined, and great morbid sensibility was detected beyond the curvature. Caustic was at once applied over the part; it occasioned spasmodic contraction of the rectum, which continued for two days, and then disappeared. On the two or three following occasions of passing the urine, there was a good deal of smarting, and there was rather a profuse, thinnish discharge, at one time streaked with blood, which did not completely disappear until the eleventh day.

From the time of applying the caustic until the ninth week, there had been only two involuntary discharges; and when I saw him, not long ago, he was quite free from disease.

CASE VI.—T. G., aged 50, had long resided within the tropics, where he had suffered from frequent attacks of dysentery, and other varieties of intestinal disturbance, which ultimately caused very distressing inconvenience in the rectum, in the form of piles, and afterwards fissure of the anus. Means had been employed to relieve this state of things, but with no great success; and after some time, spermatic discharges, unaccompanied by much excitement, and almost always involuntary, occurred to complicate the case, and distress the patient. In this state he arrived in England, when I was consulted. I at first directed my attention to the disease of the rectum; the bowels were carefully regulated, the internal piles were much improved, and after a time ceased to give any trouble, under the daily pressure of a bougie, smeared with mercurial ointment and extract of belladonna, and rather unexpectedly the fissure got well also.

During the course of the treatment no sensible improvement was observed in the affection of the sexual organs; but when the trouble in the rectum was got the better of, he went to Brighton, where he stayed some weeks. Gradually he became sensible of increasing sexual energy, and a decreasing frequency of spermatic discharges. No special treatment was directed upon the urethra, and he has been free from any uneasiness in that quarter for several months.

I have been unwilling to occupy more space than was absolutely necessary for the bare illustration of the subject, and therefore it is that I have given the details of only six cases, and that principally for the purpose of more directly calling the attention of the profession to the matter. At the risk of being considered tedious, I will, however, again direct attention to the more important points connected with these affections.

1st. It is necessary that the habits which have led to those discharges should be discontinued; any means will be powerless if the practice be persevered in.

2d. When the primary cause of the affection has ceased, it is necessary to examine the urethra with an exploring instrument: and for this purpose I prefer an elastic catheter. The point where the pain is most acute must be accurately noted. The instrument must then be passed

on carefully until urine passes along it. Observe how far it has penetrated, and having noted this, you must arrange your caustic apparatus so that it shall not reach so far by an inch, because the prostatic portion of the canal is not commonly implicated in the irritation. The point upon which the caustic is to be applied is, as near as practicable, about the region of the orifices of the ejaculatory ducts.

It may be asked, why pass the instrument on to the neck of the bladder at all, and why state that an inch in front of the neck of the bladder is the point beyond which the caustic instrument shall not penetrate? Why, again, the spot where acute pain is indicated, during the passage of the bougie, may not be regarded as the proper place for applying the caustic? In many persons the urethra is very sensitive, and the patient complains so frequently, that a little difficulty is experienced in deciding with that test; but when you have ascertained that from the orifice of the urethra to the neck of the bladder is seven inches and a half, and when you further find that in the passage of the bougie the most acute pain was experienced at a little more than six inches from the orifice, you can then, with much confidence, cauterize the space between the sixth and seventh inches, satisfied that the orifices of the ejaculatory ducts will not escape. It may be thought by some persons that all these precautions are unnecessary: this may be true; but off-hand surgery I dislike; and if in one case, by the neglect of such attention, I cauterized the neck of the bladder, and in another case applied the caustic entirely in front of the seat of mischief, my conscience would not acquit me of blame.

The foregoing precautions having been taken, the caustic must be exposed, and slightly revolved along the floor of the urethra for half a minute, without fear of harm, and rarely does it excite much pain—very rarely, indeed, does the patient complain of it. A few days ago I passed a bougie very gently along the urethra of a young man, but it produced syncope. When the caustic was applied a few days afterwards, the morbid sensibility was immediately blunted. Usually a smarting is experienced when the urine passes along the urethra, after the caustic is used, but it rarely continues troublesome over twenty-four hours. Before that time, usually, a thinnish discharge comes on, which may be profuse, and may be, though very unfrequently, streaked with blood. After a few days it begins to abate, and by the time it has ceased the change for the better in the patient's condition seems strikingly manifest. It is always necessary to guard the patient against impatience, because four or five weeks will, in some cases, pass, before the beneficial effects of the remedy become clearly evident; and this is the more necessary, because he looks with intense anxiety to the result; and sometimes it happens that a single discharge, after the application of the caustic, will dash the cup of hope from his lips, and induce the most gloomy forebodings. I may again repeat what I have said before, that I have never applied too much caustic, but I have more than once failed by using too little; and much experience is necessary to apply the proper dose. However, it is better to err on the safe side, until experience shall have given confidence in the



use of the remedy. I have scarcely ever had recourse to a second application until five or six weeks have passed, and given the assurance that the first has been insufficient.

Since the publication of the first part of this paper, I have been painfully impressed with the conviction that the evil is more widely spread than I had before conceived, and that it will not be largely alleviated by the means I have adopted for advocating the use of a particular remedy. Almost every morning I have had several applicants for relief, but with two or three exceptions they have been either medical men or medical students. The pages of a strictly medical journal do not meet the eyes of the great mass of sufferers, and they rarely apply to medical men for relief, from a feeling of degradation which, they conceive, attaches to their situation, and I apprehend that, in a large number of instances, they do not resort personally to those irregular practitioners to be found in all parts of the town, who eke out a disgraceful existence by administering medicines to patients whom they have never seen, and whom, most probably, they never benefit.

In the course of the last few days, I have received many anonymous letters from patients expressing their complete inability to make themselves known to any human being; and requesting me to inform them, through the present communication, whether they could use the remedy themselves. My answer to all is the same; I cannot sympathize with such *mauvaise honte*. If it be desirable to be cured, it is desirable to take proper means to obtain it. I cannot sanction the use of such a remedy as I have recommended by any other than a medical man; and I cannot advise the use of a lunar-caustic injection.—*London Med. Gazette*.

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#### INOCULATION WITH THE VENOM OF RATTLESNAKES.

[Communicated for the Boston Medical and Surgical Journal.]

IN the work called *Life in Mexico*, recently published, the fair author gives the following account:

“We have just been hearing a curious circumstance connected with poisonous reptiles, which I have heard for the first time. Here, and all along the coast, the people are in the habit of inoculating themselves with the poison of the rattlesnake, which renders them safe from the bite of all venomous animals. The person to be inoculated is pricked with the tooth of the serpent, on the tongue, in both arms, and on various parts of the body; and the venom is introduced into the wounds. An eruption comes out, which lasts a few days. Ever after, these persons can handle the most venomous snakes with impunity; can make them come by calling them; have great pleasure in fondling them; and the bite of these persons is poisonous! You will not believe this, but we have the testimony of seven or eight respectable merchants to the fact. A gentleman who breakfasted here, this morning, says that he has been vainly endeavoring to make up his mind to submit to the operation, as he is very much exposed where he lives, and is obliged to travel a great deal on the coast;



and when he goes on these expeditions, he is always accompanied by his servant, an inoculated negro, who has the power of curing him should he be bit, by sucking the poison from the wound. He also saw this negro cure the bite given by an inoculated Indian boy to a white boy with whom he was fighting, and who was the stronger of the two. The stories of the Eastern jugglers, and their power over these reptiles, may perhaps be accounted for in this way. I cannot say that I should like to have so much snaky nature transferred into my composition, nor to live amongst people whose bite is venomous."

*Remarks.*—In reading the foregoing I was very much struck with the novelty of the relation. This kind of inoculation is altogether new to me, and I can hardly give credence to it, from the circumstance that such a practice has never been stated to the world before. If the statement be true, why has it been kept a secret so long? There is one thing quite remarkable, that the *venom* of a rattlesnake can be introduced into the system by inoculation and not prove fatal, as well as when bitten by the serpent. There appears to be something worthy of particular notice to know how such cases are treated when inoculated. Here, an important field is open for remark and close observation relative to all subjects of this character. It is hoped that more attention may be paid to its merits, and other facts obtained to substantiate its truth. It seems amazing strange that a person can be inoculated "on the tongue, in both arms, and on various parts of the body," with the venom, and only an eruption comes out, and lasts but a few days. Why does it not operate so when the person is bitten? Why does not the inoculated person die, when the bite of this one is fatal to another? To have the venom prove innocuous in the one case, and with such mischievous consequences in the other, is a paradox in toxicology, which is very difficult to explain. If there be any one who can elucidate its theory upon philosophical principles, he would confer a great favor to the community by doing so. R. C.

*Boston, February 11, 1843.*

#### DR. HAMILTON'S VALEDICTORY.

[At the close of the lectures at the Geneva Medical College, it devolved upon the professor of surgery, Dr. F. H. Hamilton, of Rochester, N. Y., to deliver a valedictory discourse; which, at the request of the graduates, has been published. Dr. Hamilton is always to the point: there is no unnecessary circumlocution; no labored attempt at fine writing, but a judicious mode of expressing sentiments that are excellent and well timed. After picturing the difficulties of finding a location for professional business, and explaining the perplexities, and their origin, which a young physician is compelled to contend with, he gives a graphic description of an order of medical men with whom all are familiar.]

There is a tribe of rolling, gypseying physicians, men often of the most promising talents and most elevated professional attainments, who never stay long enough in any place to gain a residence, but are genuine

cosinopolites. They leave as soon as they become convinced that their Utopian expectations are not to be realized. For, if they are not at once overwhelmed with patronage, they are discouraged, and look with unfeigned surprise upon the incomprehensible stupidity of all who can neither see nor appreciate the difference between medical science and charlatanism. These men have never read or have wrongly apprehended the first pages of a physician's life; and some will not learn what are the reasonable and inevitable difficulties which all for a time encounter, until they have frittered away the vigor of their years, and, by disuse, wasted and withered their original talents. Such are they who, with empirics, the scum of our profession, generally constitute the excess in any community, and will always float off in due time, leaving a just complement.

I would not say, that a place might not present, nearly or quite destitute of physicians, in which your duty or interest might prompt you to locate; but I caution you, earnestly, against making its being a "vacancy" the sole or chief ground of preference. You cannot estimate your future patronage, success or contentment, by mathematical rules—by counting the people and figuring their ratio to the physicians. The ability or disposition of the inhabitants to pay is to be reckoned—the hazards to your own health—the chances that competition will be introduced, where none exists, and that it will diminish where the supply exceeds the demand—the danger of rusting without friction; and, also, you are to consider your own adaptation to the character of the community, from your previous habits and education. It is not to be denied, that in this respect men of equal talents and professional acquirements greatly differ. Some being educated to a sort of square and open frankness, and delighting in a rusticity of dress and manner which suits well the plain, but honest, common-sense farmer. While others, from their early associations, have contracted the guarded and more cunning policy of the more fashionable society; with a polish and *naïveté* which alone could give them access to the most aristocratic circles. Whoever has duly weighed all these points is prepared to divine for himself, better than another may for him, whether the auspices are favorable, and if these are the shores upon which fate has decreed the temple of his fame shall ascend, or whether he must again loose his halser and put to sea, in pursuit of better lands and happier omens.

[Dr. H. discusses the advantages and disadvantages of medical partnerships, and it is appropriate to give extensive publicity to the views of a gentleman who is experienced in what is denominated worldly wisdom—premising, that we have rarely known medical co-partnerships to terminate pleasantly and to the mutual benefit of the parties.]

We are often asked by young men just entering the profession, what advantages may be expected from a partnership, and whether we would not advise a connection with some older practitioner, for a few years, until the practice had become familiar. This is a question so frequently submitted, and, as we think, of such vital importance, that it may justly claim a careful consideration.

The objects which a partnership in our profession usually propose are



manifold. First—the acquisition of confidence, or stability of opinion; which it is supposed will grow from the certainty of receiving the countenance and endorsement of the senior partner in all cases. Second—familiarity with forms and faces of disease, as the necessary result of merely seeing a larger amount, and a greater variety; also, a promptness of diagnosis, and accuracy of practice, as derived from the daily clinical instruction of an experienced teacher. Third—reputation is to be borrowed from a respectable alliance. Fourth—the profits are to be greater. Fifth—the whole “ride,” with all its revenue, is promised in a few years to this duly authorized successor!

This is all fair—fair as a summer’s sun, and pleasant as a morning dream—and if all, or the half, may be attained by a partnership, the man must be sadly at war with his own interest who does not embark in it. But let us look at this matter again. First—how is “confidence or stability of opinion” to be acquired, by resting on the opinions of another? Do the muscles gain strength by the use of crutches? Does the infant learn to walk by being carried? Does the timid soldier become bold and daring, while resting behind rocky ramparts, which might endure more than a Trojan siege? Mark the man who has spent the first years of practice under the protection of a senior; during which period his habits, modes of examining, thinking and acting, were formed and established; and if, as is often the case, he has avoided responsibility almost wholly, he is and ever will continue a cowardly, timid, indecisive practitioner; and the dread of responsibility will keep him shivering and faltering during life. Such men are unfitted for all dangerous or actual service, and are qualified only to practise as bed-side nurses, or compounders of medicine. They may, with caution, lurk along the shore, when the winds are low and the sky unclouded; but can never venture forth with boldness, to rescue those who are rudely rocked by the tempestuous winds, when the storm and the night are dark. Second—whether he shall become more familiar with the features and diagnosis of disease, will all depend upon the opportunities which shall be presented, and the manner in which they are improved. The experience of the fathers is certainly of value, and their instructions are always to be sought; but, believe me, *many* old men get partners, not to instruct them, but to release themselves, especially from the onus of collecting, and office attendance, drug-mixing and book-keeping; and in nine cases out of ten, you become mere drudges—convenient waiters. You may not visit patients abroad, because your services are needed at home; and you seldom leave the mortar and pill-board, except upon the most unenviable errand of “dunning” doubtful creditors; affording an excellent opportunity to receive insults and practise patience. Yet, it is but a poor school of discipline and drill, for the practice of medicine. Third—“reputation is to be gained,” and insults and drudgery are small ills, compared with the benefits which are to result in this view of the alliance! Are you aware, young gentlemen, how completely you are placed, by such connection, in the hands of the senior partner? By innuendoes, slyly given, he can destroy all confidence in you, even before a suspicion had arisen of his treachery; especially



as the world are ready to believe that his interest must prompt him rather to exaggerate than to disparage your merits ; but they forget how even pecuniary interest, as well as strict justice, are often sacrificed to private feelings.

If it is your better fortune to be associated with an honest man, who aims always to advance your reputation, and to link your interest inseparably with his own, you have yet to contend with the mortification of being often refused, when your services are tendered. The rich refuse to receive the man whose services are not asked ; and the poor are even more jealous—regarding it as a most unjust intimation, that pay is not expected. All this tends to prejudice the community against you ; and while you remain thus circumstanced, you are chained and fettered, and you might as well hope to scale the heavens, as to rise above a humble mediocrity in your profession.

But again—yours may be the base ambition to accumulate wealth, rather than reputation ; and to this end you have examined the books, and estimated the cost and interest. The debits are large—the expenses small—the physician is tired of busines ; or is sick ; or is old, and wishes to retire, and will, in a year or two, make over to you by regular assignment, as transferable chattels, friends, reputation, practice, and whatever else may thereto pertain. A rich and abundant harvest, yellow with golden leaves, waves in the distance. But, alas ! it too often happens, that the reaper who gathers in autumn, from fields which others have ploughed and sown, is rewarded for all his toil by withered grains, or a vicious crop of tares ! The accounts may prove uncollectable ; the office expenses may increase ; the physician himself may soon have rested his weary limbs, recovered his shattered health, renewed his age—and may again push into practice with all the vigor and ardor of youth ; and you may find yourself in the disagreeable dilemma of leaving the partnership, and relinquishing the bonus, or of serving the stipulated term, and in the end losing your reputation and half your earnings.

I speak to you, gentlemen, upon this subject, not as one who has suffered experience, but as an *observer* ; and I do no injustice to any, and only my bounden duty to you, when I say, these are the frequent—nay, general effects and results of partnerships in our profession. I recommend you, therefore, not to embark upon such leaky boards. It is not arrogance in us, who have been made, by authority, the examiners of your own vessels, to say that, having given you, since you have been at this anchorage, a thorough overhauling and inspection, we are satisfied that your rigging is complete—your decks fully furnished, manned and provisioned—and that your present armament is full preparation for your intended service. With papers duly made out and sealed, we have given you sailing orders, and your commission gives you no superior officer. Run up the colors and stand by !—and, when hailed or boarded by other vessels, your credentials from this port, known and recognized in all American seas, will be ample evidence that you are no piratical craft, sailing for plunder ; but humanely sent as a “wrecker,” to rescue those who have fallen upon rocky coasts, and are ready to perish.

In relation to fees, indulge me a moment. I do not propose to direct you in regard to the general rate of charges among the rich, or those who are able to pay. You will in this be governed by the size and wealth of the place in which you reside, the expense of living, and the custom of other practitioners. You will avoid, on the one hand, extortion, and, on the other, the equally dishonest and humiliating practice of underbidding. It is not in the liberal professions as in trades, where low charges are recognized as a fair and honorable competition; and the physician who invites custom by refusing a reasonable compensation, gains the contempt of the profession, and loses the respect of the people. But it is in relation to your professional *charities* that I would counsel you. In these be liberal. Remember, "the poor you have always with you;" and the poor generally call upon young practitioners, because, doubtless, they expect from them more prompt attention and greater charities. They employ those with whom their credit is unimpaired. This is a subterfuge to which this unfortunate class, in all their transactions, frequently resort: but, surely, when it is to obtain medical counsel, who can blame them? The parent looks upon his suffering child, and with that agonizing anxiety which belongs alike to the humble tenants of the hovel and the lordly occupants of the palace, casts about for aid. The physician he has once employed, and in whom he has yet most confidence, has richer and more profitable patients, and he doubts whether his call would not meet a cold refusal. You are employed then as a second or *last* resort; but the duty upon you is none the less imperative. If the applicant was rich, you might plead other engagements, and send him away; for his money can *purchase* aid elsewhere. But the poor man, driven from your door, is in despair, and seeks his family with a heavy heart, to tell them his success. To him it is the bitterest cup of all, that his poverty deprives his beloved child of the necessary aid.

It would have paid you well for a night of fatigue and watchfulness, to have visited that wretched hovel and witnessed their distress—to have received their cordial welcome, and heard their warm parting benediction. Yes! I would rather receive the simple prayer of gratitude, at the poor man's door, than all the gold which the rich man grudgingly pays, as for a tradesman's wares.

Clergymen, also, are, by common consent and for good reasons, entitled to your gratuitous services. Engaged in a worthy and laborious profession, the very nature of whose duties requires the most diligent and intense mental application, their constitutions are early impaired, and their demands for medical aid are frequent. In this country, the pay of the clergy is neither equal to the rank of their calling, their labor, talents or necessities; and in rendering your services to them gratuitously, you only meet their just demands for time employed and health sacrificed for the advancement of the social and moral interests of the common family of man.

[We must defer other extracts from this excellent address till next week.]



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 MARCH 8, 1843.
 

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*Neurology.*—The following letter from several respectable physicians of the City of Albany, has an insertion, because we wish to give every medical interest an opportunity of being heard in this Journal. It will not have the effect, however, we think, of changing the views of a single medical man, of professional standing, in the City of Boston. The city has literally been sacked by a troop of roving, vagabond, mountebank animal magnetizers, whose impositions are sickening to men of common sense. But if Dr. Buchanan, who is now among us, and ready to exhibit the claims of neurology, positively demonstrates a fact that illustrates a newly discovered law in the animal economy, or shows that physiologists are in an error in regard to some old one, he will be countenanced and sustained by gentlemen who can discriminate between truth and falsehood—assertion and proof. The report referred to in the letter, was received too late to be made use of this week.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The undersigned, physicians of the City of Albany, beg leave respectfully to request the insertion in your pages of the accompanying report of experiments made recently in our city. As sciences are formed by the aggregation of facts, we cannot perceive why any portion of the medical profession, claiming either intelligence or liberality of thought, should be indifferent or averse to acquiring a knowledge of those *facts* which have been brought to light by the discoveries of Dr. Buchanan.

It is universally conceded that new theories in medicine are justly obnoxious to suspicion, and the great body of the profession are rightly inclined to practical and experimental knowledge. We think, therefore, that no small gratitude is due to one who furnishes us with *new facts* upon which to reason, and appeals to the experimental test. We appeal to the brethren of the profession generally, to show their love of true science by examining the facts of Dr. Buchanan's system, and becoming sufficiently acquainted with it to verify his principles by their own experiments. We would not make this appeal in behalf of any *theory*, however ingenious or important; we appeal in behalf of neurology, because it is a science of facts, and we have witnessed the facts ourselves. We speak with certainty, because the facts which we have witnessed are of the most unequivocal character.

We hope that the science of neurology, coming from one so eminently worthy of the public confidence as Dr. Buchanan, will not fail to be taken in hand by the medical profession, and cultivated as an important department of medical science.

Albany, Feb. 23, 1843.

C. C. YATES,  
W. A. HAMILTON,  
C. H. PAYNE,  
R. H. THOMPSON.

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*McLean Asylum for the Insane.*—Many subjects, having a prior claim, have hitherto prevented us from noticing Dr. Bell's Annual Report of this



Institution; and even now, no extracts can be made from it without essentially interfering with articles already in type. But a document of such value will not be lost sight of till an opportunity occurs of copying some of its prominent parts.

Last year we alluded to Dr. Bell's new style of reporting, which was acceptable, although of a novel character; inasmuch as a departure was made from the usual method of multiplying elaborate tabular statements, enough to bewilder the brain of a professor of mathematics. And for bestowing proper commendation upon this plan, we received a gentle castigation from an individual who will recognize himself as the figurante in this remark. He entertained an opinion that it was disrespectful towards the medical superintendents of other insane establishments, whose reports were issued on the good old system. No such thing, however, was ever intended. If they would follow Dr. Bell's improvement, for such it is recognized, they would ultimately be as much pleased as the public.

The report of the past year, the twenty-fifth in the history of the McLean Asylum, exhibits the institution in excellent condition, and doing as much towards bettering the condition of the insane as any other in America. There is quietness within it, efficiency and boldness in carrying out any and every plan that promises to increase the facilities of the asylum, or permanently benefit the unfortunate beings who are placed there. Yet there is no confusion; no bustling appeals to the sympathies of the community; no boastings of extraordinary success, and no repinings. Dr. Bell enjoys the confidence of the public, and exerts himself to the utmost in the sphere where Providence has placed him. He has our best wishes for his future success in sustaining the high character of the McLean Asylum.

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*Human Teeth and Dental Surgery.\**—Modesty is so much of a virtue in these degenerate days of authorship, that when we light upon one who makes no vulgar pretensions, it is really refreshing. Dr. Kelly, of Newburyport, Mass., has written a popular treatise on the teeth, and the operations of dentistry, which is for the people, and not expressly for the craft, to read. We discover in it practical common sense, properly timed, and adapted to minds of all orders. The object is to teach the reader the method of preserving his teeth, of assisting nature in her efforts to provide new ones, and to explain those processes of art by which defective organs have their existence eked out to a comfortable old age. Such books are needed: they diffuse correct knowledge; overcome long established errors and stubborn prejudices; and, like guide posts at public crossings, point out the direct course. We do not perceive that Dr. Kelly claims any new discoveries in the department of which he may yet become a conspicuous ornament. His chapters are neither over-done, nor, as Sir Francis Smith said of the egg puzzle, *under-done*, but extremely well done. He therefore deserves the commendation of the press, and the patronage of those who hold to the doctrine that merit deserves patronage.

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*New Orleans Charity Hospital.*—This is an actively conducted institution. During the past year, 4404 patients were received, of whom 3449

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\* A Popular Treatise on the Human Teeth and Dental Surgery, &c. &c. By E. G. Kelly, M.D., Member of the American Society of Dental Surgeons, and M. M. S. Boston: James Munroe and Company. Newburyport: A. A. Call. 1843. Pp. 193.

were from foreign countries. As the income falls short of the expenditures, the Board of Administrators propose to the legislature to lay a capitation tax, for the maintenance of the hospital, of \$2 per head on all steerage passengers from foreign ports; deck and steerage passengers from domestic ports, 50 cents; cabin passengers from foreign ports, \$3; and passengers coastwise, from the States, \$1.

It is proper to tax foreigners, since they are and would be principally the consumers of the money that might be raised on themselves; but to put the port revenue on our own people would be an unwise scheme, and certainly an unpopular one. The expenses of the hospital in 1842 were \$34,651 96. A house-surgeon out of this, received a salary of \$1200; four visiting physicians, \$300 each; apothecary, \$720; medicine bill, \$3,071 88; and burial expenses, \$1,387 00. The income of the establishment was \$25,733 80 the last year, and it is apparent, therefore, that a revenue must be raised from some source at once. Without the charity, we know not where the sick stranger in New Orleans could be provided for. From the commencement of the hospital, to the present day, it has been under the administration of excellent medical men, who have become eminently distinguished for their professional attainments.

In the list of diseases treated in 1842, it is stated that there were 425 cases of yellow fever admitted; 214 were discharged, and 211 died, mania a potu, 122; syphilis, 133; ulcers, 236; incised wounds, 30; lacerated wounds, 171; intermittent fever, 1,101, of whom 1019 were discharged. Fractures of the arm, 11; of the leg, 15; skull, 6; thigh, 7; clavicle, 5; &c. On the whole, the report is very satisfactory; and the hospital is highly creditable to the citizens of New Orleans.

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*Practice of Physic and Surgery in the State of New York.*—From year to year, there has been a struggle going on in the State of New York, between the irregular and regular practitioners, in regard to their rights, as citizens and physicians, which is likely to be settled by a modification of the law. While the one class had all the aid and countenance of the civil authority in collecting their debts, the other could only depend on the willingness of their patrons for remuneration. It was unquestionably right and proper that things should have remained so, since no service, as a general rule, worth compensation, can be rendered by mere pretenders to medical skill. However, this was a kind of persecution, in the estimation of a great class of sympathizers, who put their shoulders to the wheel, with a view to doing as they would be done by—that is, to be paid for their labor, whether it was worth anything or not.

Formerly, in Massachusetts, the legal condition of an irregular practitioner was precisely what it is in New York; but the democratic principle that the laborer is worthy of his hire, prevailed some years ago. so that a hand-cartman can now claim a fee for extracting a splinter from a neighbor's toe, and collect the debt as readily as any practitioner of surgery in the Commonwealth. Since the Legislature have so kindly opened the doors, a throng of pseudo-medical pretenders have sprung into existence, ready to grapple with any disease in the nomenclature of death's doings. Boston is particularly distinguished for being the undisturbed residence of a host of unblushing quacks of every order and degree, who are thriving charmingly under the legal protection of the ancient com-



monwealth. We have a knowledge of persons who probably never read a medical treatise in their lives, and who were bred to mechanical pursuits, who are now much in vogue with certain patrons of genius, for their elevated attainments in medicine. In Chambers street, near the Massachusetts General Hospital, a barber, long known as such, has raised a new sign on his shop-door, calling himself *doctor*. The pole is down, of course, and the barber is going on swimmingly as a general medical practitioner.

The following is the act proposed in the Legislature of New York, which will probably become a law; if not during the present session, at no very remote period.

SECTION 1. Any person residing within this State, and being a citizen of the United States, of the age of twenty-one years, assuming to practise physic and surgery, or either, may, after the passage of this act, be entitled to receive for such service a fair compensation, and may sue and collect the same in any court having jurisdiction of like claims for other services provided; said person shall file and deposit in the clerk's office of the county in which such person resides and designs to practise, a certificate of such intention, setting forth the school of medicine to which such person belongs, and system upon which he designs to practise. But nothing contained shall be construed to exempt any person refusing or neglecting to comply with the provisions of this act, from the full force and penalties of section 25, Title 7, Chapter 14, of the first Part of the second edition of the Revised Statutes.

§ 2. Any person thus assuming to practise physic and surgery, or either, shall be liable for mal-practice in a suit at law, on the prosecution of any person aggrieved, in any court of this State having cognizance thereof, and be subject to the same pains and penalties as are now provided by existing statutes.

§ 3. So much of the Revised Statutes as is inconsistent with the provisions of this act, is hereby repealed.

§ 4. This act shall take effect immediately.

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*Physiology of Menstruation.*—Dr. Raciborski has made known some important discoveries lately made by him in regard to menstruation and conception in the human female. At each menstrual period, he states, one of the Graafian vesicles swells and projects from the surface of the ovary; at the end of the menstrual flow it usually escapes, by the rupture of its sac, without male connection or other sexual excitement. When thus escaped, the vesicle has anatomical characters precisely like those of the corpus luteum supposed to be formed after conception. This spontaneous detachment of the ovum at the end of the menstrual epoch, naturally renders that period the most favorable for impregnation, and conception is most commonly referred by pregnant women to that time. Dr. R. states, that of 15 women who were able to specify the circumstances of menstruation and coition accurately, 5 evidently conceived from two to four days previous to the time when the catamenia was due; 7, two or three days after menstruation; 2, at the actual period of the catamenia; and in only 1 so long as ten days after the latter had disappeared. Similar phenomena are observed among animals during their rutting season—the ovarian vesicles being found to increase gradually in size during the intervals between the rutting epochs, and to escape altogether at those times without congress of the male.



*Medical Miscellany.*—A child was born in Wilmington, Del., a short time since, without arms or nose. Fingers were attached to the shoulders.—A child born in Baltimore, Sabbath before last, had two heads. It lived but a few hours, say the papers.—Dr. Dickinson, of Natchez, by draining a ravine, has obtained the skeleton of an animal that is described as being very wonderful. There were no cavities for the lodgement of the organs of vision, says the Free Trader, from which the account is taken.—Drs. Barber and Reynolds, of Gloucester, Mass., have taken an active and praiseworthy part in a late temperance convention, in that town.—Late accounts speak of the ravages of erysipelas in Orleans and Caledonia counties, in the northern part of Vermont. At Orleans there were 70 cases week before last. At North Danville the mortality has been greater than at any other place.—Smallpox has appeared at Mansfield, Mass.—In the medical department of Kemper University, Mo., there are 75 students, and in the preparatory course of instruction 35. It is regarded, therefore, as being eminently a successful school of medicine, considering its age and vast distance into the far West.—The medical lectures closed in Boston on Monday last.—Lectures commenced at the Vermont Medical College, and at the Castleton Medical College, both in Vermont, on Thursday last, under flattering auspices.—Dr. Buchanan, of Louisville, Ky., distinguished for his perseverance in diffusing a knowledge of what some believe to be important discoveries, denominated the science of neurology, arrived in Boston last week. A committee who attended his lectures in Albany on neurology, contradict the story that has had extensive currency, about a medical student who was represented to have deceived the doctor in the manner stated.—Dr. J. K. Mitchell, of Philadelphia, is about to give to the world the results of his experiments and observations on animal magnetism, which have been carried forward for the last five years in an examination of over one hundred cases, embodying many astonishing facts, that result in establishing a theory showing its moral and medical relations. It will be published by Lea & Blanchard.—Dr. Rob't Clow, of Clermont, Columbia county, N. Y., and his mother, Mrs. Elizabeth Clow, were poisoned, recently, by a dose of strychnine being administered to them by the doctor's sister, in mistake for morphine. The doctor leaves behind him, to deplore his lamentable death, a wife and two infant children.—Dr. Vanzant, of St. Louis, Mo., is represented to have restored a blind boy to sight by the extraction of two teeth!—A report of the Pennsylvania Hospital for the year 1842, has been published. The particulars will be given hereafter.—Dr. Fox, Assistant Physician of the McLean Asylum for the Insane, at Somerville, near Boston, is about resigning his office.—The disease called *black tongue* has broken out at New Madrid county, Missouri.

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**MARRIED,**—At Hartford, Conn., A. L. Spaulding, M.D., of Enfield, to Mrs. S. H. Field.

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**DIED,**—In Upperville, Va., 12th ult., Dr. Charles J. Perkins, son of Dr. L. Perkins, of Farmington, Me., 24. Disease supposed to have been apoplexy.—In Templeton, Mass., Dr. Josiah Howe, 73.

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Number of deaths in Boston, for the week ending March 4, 41.—Males, 16; Females, 25. Stillborn, 4.

Of consumption, 13—inflammation of the lungs, 1—erysipelas, 2—lung fever, 6—accidental, 1—old age, 3—child-bed, 1—smallpox, 2—marasmus, 1—infantile, 3—cancer in the stomach, 1—decline, 1—inflammation of the bowels, 1—disease of the brain, 1—bronchitis, 1—typhous fever, 1—convulsions, 1—dropy, 1.

Under 5 years, 11—between 5 and 20 years, 6—between 20 and 60 years, 21—over 60 years, 3.

*Newly-remarked Sign of Bony Consolidation after Fracture.*—Dr. Guenther, of Hayna, in Saxony, relates the following case:—A young man fractured his right leg (both tibia and fibula?). Being of an observant turn, he soon noticed that while the nails on the left foot grew as usual, those on the right foot continued to maintain the same length, a fact which he had full means of verifying, as he had cut the nails on both feet immediately before his accident. Accurate observations on the state of the nails now continued to be made daily; and on the fiftieth day from the time of the fracture the nail on the little toe of the right foot began to increase in length; at which period, also, other signs of union in the broken bones first became evident. The nails on the other small toes began successively to resume their growth, and lastly the nail of the great toe. Since the occurrence of this case, M. Guenther has witnessed similar phenomena in others, and he has laid it down as a rule in practice that the elongation of the nails is a definite sign of union between the ends of bones of the extremities previously fractured.—*Medicinische Zeitung*.

*Contamination of the Fœtus.*—At a recent meeting of the Westminster Medical Society, Mr. H. J. Johnson related the case of a woman who, immediately after marriage, contracted syphilis, was affected with secondary symptoms, took mercury, and got, apparently, quite well. She had, during the next ensuing years, several children, all small, but healthy, until five or six weeks after birth, when they became affected with an eruption similar to lepra or psoriasis, and died. It would appear in this case that the ovaria had been diseased originally, and that the disease had contaminated the ova in them.—*Lon. Lancet*.

*Spontaneous Cure of an Abscess.*—A singular case is on record of a pulmonary abscess curing itself by a spontaneous discharge through a leech-bite. The subject was a young female, married, though only fourteen years of age, and who was attacked by a cough, attended with lancinating pains between the fourth and sixth ribs on one side, for which leeches were applied over the seat of the pain. The symptoms, however, aggravated, and a good deal of fever supervened; while one of the leech-bites inflamed, assumed a pustulous aspect, and soon afterwards broke, and gave egress to about two ounces of pus. The discharge of this matter continued at intervals, chiefly during deep inspirations and fits of coughing, for three days, when it began to diminish, and the patient not long afterwards was fully convalescent.—*L'Experience*.

*The relative Frequency of Tubercles in various Organs.* By Dr. ENGEL, of Vienna.—The proportional frequency of the occurrence of tubercle in the lungs to that of tubercle in the cerebral membranes, the pleura, liver, and spleen, is as 18 to 1; to that of tubercle in the brain and kidney as 18 to 2; and that of tubercle in the peritoneum and intestines as 18 to 3. This is the more remarkable, when compared with the frequency of cancer in the same organs. Cancer of the lungs occurs, in proportion to cancer of the liver, as 18 to 48; to cancer of the stomach as 18 to 42; to cancer of the intestines and kidneys as 18 to 12; and to cancer of the brain, spleen, peritoneum and uterus, as 18 to 18. The frequency of tubercle in the lungs is to that of all other diseases of those organs as 2 to 3.—*Br. & For. Med. Review*.



REPORT OF A COMMITTEE ON AN ARTICLE PURPORTING TO BE  
JALAP, NOW IN THE MARKET.

Read at the Pharmaceutical Meeting, Philadelphia, January 2, 1843.

THE Committee entrusted by the College of Pharmacy with the duty of investigating the properties of a certain article of false jalap recently brought into the New York market, hereby submit the following report as the result of their examination.

One of the members of your committee, during a visit to New York city, procured a pound of this fictitious article, selected in a manner to present a fair sample of its general character, which, upon examination, was found to be made up of the following pieces :

1st. A large, spindle-shaped, dried root, or rather tuber, flattened on one side, about six inches long and three wide, weighing six ounces.

2d. The larger half of a similar tuber, transversely cut, forming a segment four inches in its largest diameter, weighing three and a half ounces.

3d and 4th. Two entire tubers, similar in size, ovate, one of them kidney form, and pointed, weighing together about five ounces.

A further description of this article is comprised under the following general features.

It is light in weight compared with jalap ; externally very rugose, not minutely so, like the jalap, but coarsely furrowed ; it is of a light brown color, with dark shades of black occupying the cavities, through which are interspersed minute shining black specks. Its fracture is rough and uneven, and its interior surface presents a uniform, grayish-white, ligneous appearance, and somewhat loose texture, marked by ash-colored, concentric circles, composed of a harder and more compact substance, indicating resin. One of the smaller tubers wanting this distinguishing character appears purely farinaceous. The taste and smell of these different tubers are feeble, sweetish, peculiar, and closely associated, though very distinct from jalap.

The largest root divided transversely with a saw, exhibits vertical cavities, proceeding from incisions made through the whole length of the exterior surface to facilitate drying. In No. 2, the incisions are perceptible, but it has no holes like the other. Although a slight disparity exists in the internal appearance of these several tubers, yet their identity, in point of taste and smell, conclusively proves them to be of a common origin. The powder is grayish white, and does not excite coughing or sneezing during pulverization.



This drug was represented to your committee as coming from Mexico. A considerable quantity of it is to be found in the house of a drug broker in New York, who offers it for sale as *overgrown jalap root*, at a price little inferior to that which the genuine commands.

Your committee are at a loss to determine from what plant it derives its source, as it bears no very close resemblance to the various adulterations to which jalap, as found in commerce, is known to be subject. It bears no analogy with the different specimens contained in the cabinets of our professors of materia medica. Diligent inquiry among our druggists (to whom it appeared novel) led to no more satisfactory acquaintance with it, from which no doubt is left upon the minds of your committee that the present is its first introduction into an American market.

It is evidently the produce of a *convolvulus*, but of what particular species it is difficult to say. It does not respond to the description of the dried root of the *C. panduratus*, nor any of the known falsifications furnished by this genus. The same observation applies to two varieties of adulterations mentioned by Guibourt in his *Histoire des Drogues*.

It differs from the Mechoacan (*Jetichucu*—*Batata da Purga*) in odor, taste, and not being sliced and deprived of its exterior bark. It agrees with it, however, in its internal white and starchy appearance, but wants the marks of the several radical fibres upon the superior extremity of the root, which in the Mechoacan are very numerous.

It differs from the fusiform or male jalap (*Convolvulus orizabensis*) in not being cylindrical, uniformly fusiform, lengthy and branched at its inferior extremity, and wanting the external yellow color and interior lactescence of that species.

Contrasted with the well-known characters of officinal jalap (*Ipomœa jalapa*), it presents the following discrepancies.

It is larger, lighter in comparison, wants brittleness, shining fracture and compactness, acridity of taste, odor and color. It is also deficient in resin, and wants the striated and reticulated appearance of exterior which the other possesses.

In order to ascertain how its chemical relations would comport with jalap, a number of experiments were conducted by the chairman of your committee, the result of which enables them to furnish an approximate analysis of its composition as follows. In juxtaposition are placed the analyses of officinal and male jalaps.

#### False Jalap.

Resin, consisting of 15 soft and 20 of dry brittle resin,	35.
Gummos Extract, - - - - -	85.
Starch mixed with Inulin, - - - - -	140.
Lignin, - - - - -	116.
Albumen and Gum, - - - - -	50.
Saccharine Matter, Salts of Lime, and loss, - - - - -	74.

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500

*Analyses from 500 Parts.**Of Jalap, by Cadet.*

Resin,	-	-	-	50
Gummy Extract,	-	-	-	220
Fecula,	-	-	-	12
Lignin,	-	-	-	145
Albumen,	-	-	-	12

*Of Male Jalap, by Ledonois.*

Resin,	-	-	-	40
Gummy Extract,	-	-	-	128
Fecula,	-	-	-	16
Lignin,	-	-	-	290
Albumen,	-	-	-	12

Your committee offer a brief summary of the operations made during this chemical investigation. These consisted in selecting a portion of a tuber apparently richest in resin, which was carefully powdered and afterwards treated with ether by lixiviation; then by alcohol, as in the process for obtaining resin of jalap; then with water, in the same manner, to obtain the extractive gum; elutriation, to separate the albuminous matter and fecula; and finally, isolation of the lignin, by alternate action of diluted acids and alkali. The resin has a reddish brown color, and a sweetish, somewhat nauseous taste; is partially soluble in ether, soluble in alcohol, and insoluble in water, by which it is thrown down from its alcoholic solution. The dried extractive is sweetish, and in flavor approaches nearest to that of roasted potatoes. The mixture of starch and inulin is colored blue by iodine, but is not rendered gelatinous by boiling. The aqueous infusion of this root is of a straw-yellow color, turbid, and slightly nauseous. Sub. acet. plumbi produces a flocculent permanent white precipitate. The soluble parts of the incinerated product gave a feeble acid reaction with litmus, and evinced traces of lime.

Having proceeded thus far, it remained for your committee to ascertain its medicinal properties, if, after what is here related, it could be supposed to possess any. This they were enabled to do through the courteous offer of Prof. Dunglison. A trial of its virtues was made at the Blockley Hospital, under the inspection of some of the resident faculty, upon six different individuals, in doses of fifteen to twenty grains, without obtaining any effect whatever.

Proving thus destitute of purgative qualities, your committee pronounce it a worthless article, to be guarded against; and impressed with the advantages of making publicly known all falsifications and impure remedies, they entertain the hope that this exposition will be extended sufficiently wide to preclude the possibility of deception being practised upon members of our profession.

AUGUSTINE DUHAMEL,

CHARLES ELLIS,

JOHN H. ECKY.

*Amer. Jour. of Pharmacy.*

## EXPERIMENTS IN NEUROLOGY.

[WE yield to the request of the physicians of Albany, whose letter was inserted in last week's Journal, so far as to publish a portion of the ex-

periments of Dr. Buchanan, a report of which they sent us. We have not space, indeed, to insert them all, even if we thought a majority of our readers felt sufficient interest in the subject to desire to read them.]

A gentleman of the medical profession who was present by invitation, and whose scientific attainments are well known to the public, was invited to undergo the experiments by which the proposition was to be illustrated, that *neuraura*, or the influence of the human nervous system, could be transmitted from one individual to another through suitable conducting media. This, after displaying some reluctance, he consented to do, remarking that he did not wish to become the subject of public remark, by having his name brought before the world in connection with these experiments. This gentleman (whom we shall designate in this description as Mr. A.) having taken his seat in the midst of the committee, an iron rod about 1-7 of an inch in diameter, was handed to Dr. B., and held at the same moment by himself and Mr. A., so as to leave the space of about six inches between their hands. Mr. A. was requested to let his arm rest in a relaxed condition in his lap, while the rod was grasped firmly by Dr. B. In this condition, according to the principles of Dr. B., the nervous fluid of his arm was supposed to flow into that of Mr. A., which in its relaxed condition could not resist the influx.

At the expiration of forty-five seconds Mr. A. felt a slight and peculiar sensation in his hand and arm as far as half way to the elbow, which he described as producing a diminution of the sensibility. This influence, which gradually increased in extent and intensity, was, at the expiration of five minutes, felt from the elbow down, as a very definite and distinct sensation, which progressed as follows: Six minutes. The effect is felt above the elbow. Eight minutes. The sensation is felt as high as the shoulders, but much more strongly below the elbow than above it. The sensation is not, decidedly, either pleasant or unpleasant. Twelve minutes. The sensation is now felt distinctly in the shoulder, and gradually becomes diffused in the body. Sixteen minutes. An unpleasant sensation is felt in or near the stomach. Eighteen minutes. The sensation is now more diffused, and is compared by Mr. A. to that of being charged with electricity, while seated on an insulated stool. The influence which is most distinctly felt is in the thorax, affects the whole system, being perceptible in the lower as well as the upper extremities, and is felt upon the right side of the body, and in the right arm as well as in the left.

It should be remarked that the rod was held by Mr. A. in the left hand, and that after the nervous influence had been recognized by him in the various parts of the left arm, successively to the shoulder, and then in the body, it began to be felt in the right arm; though much less distinctly than in the left, through which the influence had been transmitted. The head appeared also to be affected at about the same time as the right arm, so as to produce a slight degree of drowsiness. The general tendency of the influence, however, was more debilitating than soothing. Twenty-five minutes. The sensation already mentioned continues—the drowsiness becoming more apparent. In reply to a question by Dr. B., he states that the muscular vigor seems more affected than the action of



the viscera. Twenty-nine minutes. A metallic taste was now recognized in the mouth, which soon became perfectly distinct. Thirty-four minutes. The effects still continue, and the drowsiness is slightly increasing. The experiment being discontinued, Mr. A. rose to his feet, and observed in reply to the questions addressed to him, that his left arm, through which the influence had been transmitted, was weaker than the other, and that his feelings upon the whole were about such as he usually feels when first aroused from sleep in the morning before the system has recovered its usual vigor.

The transmission of an influence in this manner, Dr. B. remarked, is usually debilitating, but much more so when any one individual is thus subjected to the influence of different constitutions.

One of the incidents above mentioned (the metallic taste) was considered by Dr. B. as an illustration of the principle which he teaches, that the peculiar medicinal influence of any substance through which the *neuraura* passes, is transmitted with that aura, into the system of that person operated upon in the manner above described. The second experiment was designed to give a more distinct illustration of this fact by using another metal.

A brass key was taken by Dr. B., and placed in the hands of Mr. A. in the same manner as was previously done with the iron rod, except that in this case their hands were not more than an inch apart. In the former instance, the rod being small and the hands separated as much as six inches, Dr. B. had remarked that the effects would not be produced so promptly as if a larger bar were used. But as none were conveniently within reach, the experiment proceeded as above described, with the rod. In fifty seconds from the moment when the key was grasped by Mr. A. and Dr. B., a distinct metallic taste was perceived by the former, which becoming gradually more marked, was recognized at the end of two minutes as the taste of brass. This taste was unpleasant and sickening to the stomach, being materially different from that produced by the iron rod. At the end of five minutes the effects were more intense, and the key was removed from his hand. He tasted it by applying his tongue, and remarked that the taste obtained in that manner was not any more distinct than what he had previously perceived.

To remove the unpleasant effects in Mr. A., Dr. B. made light and rapid friction down the arm with which he had received the influence of the brass key, remarking that whether the *neuraura* was or was not a material fluid, it could be treated as if it was, and all the phenomena accorded with that theory.

Mr. A. received a complete and prompt relief from the operation, and then an experiment was attempted, to illustrate the same principle in a different manner.

The same key was enclosed in a silk handkerchief for insulation, and its two ends left exposed. One of these ends was applied to the tongue of Mr. A., who perceived the taste. Dr. B. then touched the other end of the key, while one extremity was in contact with the tongue of Mr. A.,

and the latter remarked that whenever the extremity was touched by Dr. B., the taste became much more distinct.

The same experiment was tried with several other gentlemen, some of whom were incapable of perceiving any taste—but one of them, who could hardly recognize a taste, perceived it distinctly when the other extremity of the key was touched.

The effect produced in the case of Mr. A., struck the committee as so remarkable, that one of them repeated the experiment, substituting, without the knowledge of Mr. A., an iron key in place of the brass one. The metallic taste was again perceived, but recognized as different, and not so unpleasant as when the brass was used.

These experiments having illustrated the transmission of the nervous fluid from the operator to the subject, Dr. B. proposed to show next that particular effects would result from applying the nervous fluid to the different parts of the brain, and that the various cerebral organs could thereby be excited. Whether it is possible or not in peculiar constitutions to excite any portion of the brain by transmitting the nervous influence or fluid directly to the spot, is one of the most important questions which has ever been the subject of scientific discussion. If it can be shown beyond a doubt that such an excitement may be produced, and that the faculties of the different parts of the brain may thus be demonstrated, then the result of such experiments must constitute a new and profound science; but if the organs or convolutions of the brain cannot be excited at all, so as to produce changes in the condition of the mind or body, then no such science exists, and the pretensions of neurology are groundless.

Dr. Buchanan, to whom we are indebted for the discovery of the excitability of the human brain, claims to have applied his discovery in such a manner as to have ascertained the functions of the different organs which were before unknown, and thus to have formed a systematic science.

To investigate or witness all the facts of such a science is utterly out of our power. We have attempted merely to obtain such experiments from Dr. B. as might prove his fundamental position, that the brain can be excited. The science is based upon this position, and must stand or fall by the decision upon the existence or non-existence of this fact.

The most characteristic peculiarity of Dr. Buchanan's system of neurology by which it is distinguished from the phrenological and physiological systems which have heretofore been presented to the world, consists in this, that he considers the brain an organ of physiological as well as of mental functions, and demonstrates experimentally the controlling influence which its different portions exercise over the health and physiological action of the system.

This class of experiments was regarded as the most important and the most satisfactory. Physiological symptoms are freer from the influence of the imagination or the wishes of the subject, and therefore less liable to confusion or mistake. For such experiments the case of Mr.



A. offered peculiar advantages which are seldom to be found combined in one individual. His impressibility was sufficient for experimental purposes without presenting anything startling or peculiarly wonderful. His moral character and veracity are above reproach or suspicion, and his professional knowledge qualified him to appreciate justly his own sensations.

The first experiment made by Dr. B. in the way of exciting particular organs, was to place the fingers upon that part of the head of Mr. A. which he considers the seat of the organ productive of animal sleep—an organ which arrests consciousness and thought so as to produce a species of stupor or repose. This was commenced at twenty-four minutes past 5 o'clock. For the first two minutes the effect was described by Mr. A. as quite agreeable. In the third minute the drowsiness became quite obvious to himself, as well as to the spectators. His perceptions, he remarked, seemed to become more vague. His eyelids hung as if he was falling asleep, which was indeed the expression of his whole countenance. The operation was continued for about twenty minutes with the same drowsy effect, but without producing a profound or decided sleep. It may be remarked, however, that no arrangements were made to favor sleep, but that a lively conversation was kept up around him during the experiment, which seemed not to attract his notice or disturb his repose. Another fact worthy of notice is, that when Dr. B. found the effect less decided than he wished, he applied a light rapid friction upon the forehead to remove the excitement from the organ of "consciousness," which he considers the antagonist of "animal sleep." These movements, which shook the head, would be supposed to have a rousing, wakeful effect, by their mechanical influence, but it was observed that the eyes of Mr. A., instead of opening when this was done, appeared to be more nearly closed.

When the hands were removed from the back of the head, a slight change took place in his countenance, and when Dr. B. applied his fingers quietly upon the organ of consciousness to excite it, the eyes opened, and all the drowsy symptoms disappeared in about one minute. Mr. A. stated that he had felt extremely stupid during the experiments, but that he did not think he had entirely lost his consciousness, although he had been very near it.

Dr. B. now placed his fingers upon the region of mirthfulness, an organ which he locates according to the results of his experiments, and differently from preceding phrenologists. This produced an effect which Mr. A. described as pleasing, but rather serious than otherwise. Moving his fingers slightly from the first position, Dr. B. then held them upon the exact spot at which he locates mirthfulness, and kept them there until the countenance of Mr. A. showed a very pleasing expression. Then naming over a number of faculties in succession, he asked Mr. A. which of them he felt at that time the most distinctly. The reply was, that he felt more of the influence of mirthfulness than any other.

Although the organ was not very highly excited, we think the fact has some value, as Mr. A., who was unacquainted with the locality of the or-



gan, is unusually grave, and must have experienced a definite influence to make him decide upon the character of his feelings so readily. The coincidence between the design of the experiments and the effects that he felt may *possibly* have been a mere coincidence. But the coincidence was as exact in each case between the attempt of Dr. B. and the effect that was felt by Mr. A. As the facts themselves are beyond doubt or question, the inquiring mind can scarcely avoid drawing some inference from these experiments, as indicating something more than accidental coincidence.

#### A CONCISE VIEW OF THE BENEFITS OF ANATOMY.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 75.]

WE now state, as has been previously and similarly remarked, that knowledge of structure is necessary to the knowledge of function ; knowledge of natural function is necessary to the knowledge of diseased function ; knowledge of the true character and nature of disease is necessary to the cure of morbid action. The natural situation and relation of organs, the healthy structure of organs, the sound action of organs, must therefore form the subject of the daily study of the physician and surgeon, since this knowledge is the basis of the science of the one and the art of the other. Now, among the means of acquiring this knowledge, one of the most direct and certain is the examination of the external parts of the body. There are organs, indeed, placed beyond the reach of any external examination. The diseases of such organs do not alter the external appearance of the body ; they afford no outward sign by which the inward state can be distinguished. But whenever the situation of organs is such as to place them within the reach of external examination, this mode of investigating their diseased affections is the simplest, the readiest, and the surest ; and there is no part of the human body so well adapted for this kind of examination as the abdomen. Its walls are soft and yielding ; some of its most important organs lie immediately beneath the surface ; though they cannot be seen, they can be felt ; and several of their morbid conditions can therefore be ascertained with clearness and certainty.

Not only are some of the diseases of the abdominal viscera visible to the naked eye, but they are strikingly expressed ; for they either cause a permanent change in the configuration of the abdomen, or they produce a temporary alteration of its natural movements, or they occasion both effects. As the abdomen affords the greatest facility for the external examination of its contents, so the varied and extended functions performed by its organs render this examination of paramount importance. There is no other part of the body in which so many different organs are crowded together ; in which they lie so close to one another ; in which they are so intermixed ; in which they are so liable, by the operation of internal causes, to be removed from their natural situation ; in which the diseases of one influence, by sympathy, to so great an extent the state of others ;

in which the symptoms or signs of disease are so numerous, so complex, so deceptive ; in which disease is so apt to extinguish or embitter life, and the oversight or the misconception of which proves so certainly injurious and so often fatal.

Both in the male and in the female it often happens that diseases not to be ascertained, or at any rate exceedingly apt to be overlooked, or mistaken, if the region of the part affected be covered with its ordinary clothing, become manifest the moment the part in question is uncovered ; or if not, are rendered obvious by other modes of inspection to which the removal of clothing is indispensable. As an example of this, it may be worth while to give some illustration of the extent and value of the information to be derived from an external examination of the abdomen, when carefully and accurately performed, were it only to remove the obstacles sometimes opposed to this examination on the part of the patient from improper delicacy, and to exhibit the mischiefs that may result from the neglect of it, on the part of the practitioner, whether from ignorance or from indolence. The external examination of the abdomen, or the *exploration* of it, as it is technically termed, is comprised in simple inspection, manual examination, and percussion.

1. The simple inspection of the abdomen often affords valuable information. The mere alteration of its form is sometimes of itself sufficient to determine the seat and the nature of the disease. In each case of diseased organs the change is different ; in each it is peculiar, and even characteristic. The abdomen may be affected with *spasm*, as in the disease called *colic* ; or with *inflammation*, as in the disease called *enteritis*. Life may depend on the promptitude with which the true nature of the affection is detected. One set of remedies is required for one of these diseases, and a totally different set for the other. Remedies essential to the preservation of life if the disease be *inflammation*, may be destructive of life if the disease be merely *spasm* ; and if, under the notion that the disease is *spasm*, the remedies proper for inflammation be not employed, death may be the consequence in less than twenty-four hours, or even in twelve hours. In both affections the pain may be the same ; and several other symptoms may be similar, but the form of the abdomen may be alone sufficient to determine the true nature of the malady ; for, if it be *inflammation*, the abdomen will be rounded, enlarged and distended ; while, if it be *spasm*, it will be drawn in and contracted. There are affections which place life in the most imminent danger, especially in children, in which it is difficult if not impossible to determine, from the symptoms alone, whether the seat of the disease be in the brain, or in the inner coat of the intestines. Suppose it be in the brain ; one set of remedies are required, which must be applied to the head. Suppose it be in the intestines ; a different sort of remedies is required, which must be applied to the abdomen. An index is sometimes afforded to the real seat of the disease, by the mere form of the abdomen ; while its size, combined with its form, oftener affords a still more certain guide ; and so does any deviation from its natural movements.

2. Manual examination affords still more correct and complete infor-



mation relative to the condition of the abdominal organs. The size, the tension, the temperature, the sensibility of the abdomen, the presence or absence of unnatural tumors or morbid growths within its cavity, the presence or absence of fluids, the nature and extent of the contents of the intestinal canal, may be ascertained with considerable precision by touch combined with pressure. Increase of temperature on the surface of the body is a most important sign of internal disease. Increase of temperature arises from a preternatural increase in the action of the arteries, and denotes inflammation of the part affected. All acutely inflamed organs are hotter than in their natural state, and if the inflammation be intense, the neighborhood of the inflamed part gives to the hand of the examiner the sensation of pungent heat, which is always a sign not only of disease, but of exceedingly severe disease.

Diminished temperature, which arises from diminished action in the arteries, and an overloaded state of the veins, is no less important as a sign of disease. It always denotes a most dangerous condition of the system, the danger being in proportion to the coldness. It is the concomitant of the worst forms of fever which are ever witnessed in this country; fever with a cold skin being incomparably more alarming than fever with even a pungently-hot skin. In that pernicious disease, the Asiatic cholera, the first, the most sure, and the most unfavorable sign of the invasion of the malady, *was coldness of the system*, and especially of the abdomen, the main seat of the malady; and it was uniformly found that there was no one sign which afforded a better criterion of the extent of the danger, in any case, than the degree of coldness of the system in general, and of the abdomen in particular.

The physician may often form a judgment as to the seat, the nature, and the extent of abdominal disease, from the degree of sensibility of the abdomen to pressure with the hand; and by practice, he may acquire such delicacy of touch as to be able to detect, by its means alone, morbid changes, even in deep-seated organs, to an extent, and with a degree of precision and certainty, far beyond what is commonly believed by practitioners.

3. That mode of external examination of the body termed *percussion*, viz., the mode of eliciting sounds from the surface, the nature of the sound produced affording a knowledge of the condition of the parts beneath, has opened to the modern practitioner a new source of information, the careful and skilful employment of which has afforded practical results of far greater precision and importance than could possibly have been anticipated. This mode of examination has been applied principally, and with the most valuable results, to the detection of the diseases of the chest; but the application of it has recently been made, and not without very considerable advantage, to the detection of abdominal disease.

Our limits will not permit us to pursue this subject further. Our object has been rather to *awaken* than to *satisfy* curiosity; rather to indicate the nature and extent of the information to be acquired, than to supply it. Enough has been said to show that there is reason to congratulate both the medical profession and the public on the increased attention



which is now paid to the external or the physical signs of internal disease. The external examination of the body can never supersede other modes of investigation ; but it may often afford essential aid to whatever other mode is adopted ; and sometimes it is absolutely indispensable to the success of any other. With all the aids that can be applied to the task, the detection of internal disease is often difficult, and very often uncertain, and the enlightened practitioner will gladly avail himself of every resource which is open to him, and will endeavor to derive from each the utmost information it can be made to afford.

Hippocrates, the father of physic, long ago said—"Certain it is that he who examines the abdomen, as well as the pulse, is much less likely to be deceived than he who does not." And a distinguished modern, Baglivi, has confirmed this observation in the following words—"If physicians were always to examine the abdomen, upon first visiting the patient, more particularly in acute diseases, they would assuredly commit much fewer mistakes than they do at present, in neglecting this method of exploration. The knowledge of the condition of the upper parts of the abdomen improves vastly both our treatment and our prognosis."

[To be continued.]

*Boston, Feb. 27, 1843.*

R. C\*\*\*\*.

#### BRASS RATCHETS AND CORSETS.

[Communicated for the Boston Medical and Surgical Journal.]

HAVING witnessed the alarming effects of the use of these instruments on the health of many females who have worn them for the purpose of correcting curvatures of the spine, I am induced to make some observations respecting their use, as a remedy in this complaint ; believing, as I do, that many individuals resort to them, wholly unconscious of their injurious effects, and from the hope that by submitting to the pain and inconvenience of wearing them, the deformity under which they labor will eventually be remedied. This hope very generally proves fallacious, and not unfrequently the unfortunate sufferer discovers the fallacy when it is too late to remedy the evils which have been created.

I will endeavor to describe these instruments with as much accuracy as possible, and will begin with the brass corslets, although they are No. 2 in the order in which they are used—ratchets being applied first. Both of these instruments are before me, having taken something like a handbarrow full from off the galled sides and sphacelated hips of those who unfortunately had been subjected to their use.

These corslets are made of thick sheets of brass, modelled into the shape of something that resembles the waist of a lady's dress, and extending from the axilla to the hips, with folding doors in front ; so that, after the body is crowded in, the doors may be closed and secured by strong lacings, which may be drawn tighter and tighter every day ; thus compressing the chest, the heart and lungs, and all the abdominal viscera, including the uterus. Hence follows the suppression of the menses, which

is so universally complained of by females who wear these instruments. A distinguished physician, Dr. John Green, of Worcester, told me that he had been called to four females, in one house, who wore brass corslets, and who were suffering under obstructed menstruation; and that he had been called to so many others, similarly situated, that he believed the complaint was universal among those females who wore these instruments. I do not think the complaint universal, for I have seen two instances where this was not the case, but I have seen many more where it *was*. It is natural to suppose that an artificial brass waist, placed round a human female waist, laced as tight as possible, and extending from the axilla to the hips, must not only impede the functions of all the thoracic and abdominal organs, but also prevent all action in the muscles of the back, and very much limit the action of the respiratory muscles. Muscles deprived of action a certain length of time, as is well known, lose their power of action, and become paralyzed. Hence the reason why those who have worn these instruments, for a length of time, cannot sustain themselves in an erect position without them—in some instances not long enough to change their linen. This has to be done in bed; and one lady told me that she fainted when she took them off. The longer they are worn, the less ability have the muscles to sustain the spine, and the less able is the unfortunate wearer to do without them. If these are facts, and I think it must be obvious to common sense that they are so, how are these instruments ever to effect a cure?

But to proceed with the description. To the backs of these corslets an iron rod is attached, which runs up about fifteen inches above the head, then turns at a right angle, so as to extend over the centre of the head. To this is attached a ratchet, cord and head iron, with straps to go under the chin and round the back of the head. The ratchet is turned by a crank—the head is pulled up, the neck is stretched, and the body drawn up; the iron rod being fixed to the back of the corslets and the corslets being firmly fixed on the pelvis. As there is no elasticity in the iron rod, and no provision for its being elevated or depressed, in correspondence with the motions of the body, the head must be invariably kept at the same distance from the pelvis, and a great part of the body must be hung as an appendage to it. To say nothing of the pain and suffering which this constant pressure on the hips must produce, and the consequent excoriations and sloughings of the integuments, it must be obvious that *this* of itself is sufficient to prevent any exercise of those muscles, by the action of which the spine is supported in a state of health, and consequently they become gradually weaker, and every day less able to support the spine in an erect position.

Another method of suspending the head and shoulders, and a great part of the body, upon the corslets, and consequently upon the hips, is by attaching an iron rod, as before, to the back of the corslets, which extends no higher up than the neck. To the top of this, is attached an iron hoop, which goes round the chin and back of the head, and on this the head rests. The head is elevated by an extending screw, attached to the upright iron rod. The operation of this, in principle, is the same as the other, and



with the exception that it gives a little more motion to the head, it is equally objectionable. In both, the whole weight of the superincumbent body is thrown upon the hips, to which is superadded the extending power made use of to stretch the spine. The whole weight of the head and shoulders, and a great part of the body, to which is added the power made use of to stretch the spine, rests immediately on the chin and back of the head, and ultimately on the hips through the intervention of the iron rod fixed in the back of the corslets. How much less power would be required to extend the spine, in a recumbent position, where the weight of the body, head and shoulders are supported on a couch? Certainly by as much less, as the weight of the body, head and shoulders require for their suspension; to say nothing of the pain and suffering produced by the former, which is not attendant on the latter mode of extension. In an erect position, the body, head and shoulders must be suspended before the power which stretches the spine can take effect. The weight of these *alone*, suspended immediately by the chin and back of the head, and ultimately on the hips, would produce much pain and inconvenience; but when the additional force that is required to stretch the spine is superadded, the suffering is necessarily great. The features, in many instances, are distorted, the under jaw thrown back, so that the upper jaw projects over it; and the whole *facial angle* is entirely changed.

All these effects of this mode of extension, in an erect position, I have myself witnessed; and I regret to add, that I have also witnessed the following appalling effects of compressing the internal organs by tight lacing and the use of brass ratchets and corslets, viz., swelled limbs, emaciated bodies, hectic countenances, obstructed menstruation, mental derangement, paralysis of the muscles of the back and limbs, and an inability to walk or stand, or to sustain the body even in sitting up, without the support of the very instruments which had produced this inability.

*Brass Ratchets.*—I will now attempt to describe this instrument; but although I have it before me, I fear I shall find it difficult. To make a set of these instruments, take a thick sheet of brass, cut out something like the two fronts of a gentleman's vest pattern, without back or collars—turn the right front wrong side out, and then rivet on to each, a little above the hips, a bar of iron, about half an inch square, and extending beyond the brass patterns about three inches fore and aft. The right half of the pattern (the one which is turned wrong side out) is to be applied on the right side of the back, running somewhat under the right arm and extending from the right sacrum and ilium upon and above the right scapula. The other half of the pattern is to be applied on the left front of the body, extending from the left ilium over the left breast upon the neck. To these are riveted two other iron bars, of the same size as the first. The one which is riveted on to the right pattern goes up over the right scapula, obliquely, looking over the left shoulder for its fellow, which is coming up over the left breast, and which is riveted on to the left half of the pattern, the one that is to be applied on the left front of the body. All the ends of these bars have eyelet holes, through which cords are run and attached to three ratchets, which are turned by a crank. The



body then being placed in between these two brass plates, made more strong by four iron bars riveted to them, the one plate on the front of the left half of the body, and the other plate on the back of the right half of the body; the cranks are turned, the ratchets are put in motion, and the plates are forced as near together as the intervening substance (the human body) will permit.

Medical men have always been fully sensible of the injurious effects of tight lacing, and have used their utmost influence to do away the use of corsets; but what are common corsets, made of cloth and strips of whalebone, compared to the above-described instruments? The former, as instruments of destruction, are to the latter but as squibs compared to thirty-two pounders. The inventor of this machine, whoever he may be, if he had lived in the time of the inquisition, would certainly have obtained the premium, had one been offered, for the best constructed instrument to produce slow, but *certain* death.

J. B. BROWN.

*Boston, March, 1843.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MARCH 15, 1843.

*Pennsylvania Hospital for the Insane.*—A beautiful plate, representing an extensive front view of a chain of edifices, the architectural proportions of which are delightful to the eye, would redeem a pretty poor report, if such had ever emanated from a charitable institution in Pennsylvania. No embellishments were necessary, however, in this instance, to conceal professional deformities. Dr. Thomas S. Kirkbride, the physician of the hospital above-named, appears to be exactly fitted to the meridian in which he has been placed. The hospital, a grand establishment, is located two miles west of the city of Philadelphia, on a fine farm, containing 111 acres of fertile, undulating land, says the report, upon which are several groves of fine forest trees, and streams of running water. This alone is calculated to prepossess one in favor of the institution, aside from all other considerations. It evinces good taste on the part of the founders, and presupposes a knowledge of the fact, that air was made for breathing, and that beauty of scenery is not unworthy of consideration in an asylum for the insane.

Instead of presenting the sombre appearance of a prison, the whole hospital partakes of the appearance of a nobleman's residence. The buildings, including the pleasure-grounds, garden, and deer-park, comprising 41 acres, are wholly surrounded by a stone wall, ten feet high, and more than a mile long. The hospital, truly imposing in appearance, is fire proof, and contains 204 chambers for patients and their attendants.

The highest number of patients at one time, was in December, 1842, when there were 127. The total number in the whole of last year, was 238. Of 120 discharged, 60 were cured, 11 much improved, 19 improved, 18 remained stationary, and 12 died. Of those who were cured, 37 were residents of the hospital not exceeding three months.

Dr. Kirkbride's third table shows the occupation of 171 male patients. Twenty-two of them were farmers, 13 merchants, 17 clerks, 11 physicians. The next group of magnitude, being 15 in number, had no occupation, which shows that idleness is as unfavorable to cerebral harmony, as an over-working of the brain. In the catalogue of single females who were insane, out of 128, 14 were merchants, showing that trade is more distracting to them than to males.

After completing the statistics of the institution, which do not occupy so much room as to become absolutely tedious to the reader, Dr. Kirkbride dwells with becoming energy on the importance of *early treatment; the economy of treatment in the first stages of insanity; visits of friends and others; avoidance of deception in treating the insane*; together with an *outline of treatment pursued by him*. This is a document that may be referred to with pleasure and profit, and the managers, no doubt, long before this, have manifested their confidence in the gentleman who both manages and writes so well.

With the multiplication of these habitations for lunatics, it becomes more and more difficult to present novelties in the annual reports. They are not to be sought for if their production is through toil and uncalled-for labor; nor are theories of any lasting value. Improvements, however, in the mode of treating the insane; discoveries in regard to the construction of apartments; the influence of regular employment, religious instruction and observances, with the progress of science in the philosophy of mind, are the themes on which medical superintendents of lunatic institutions will ultimately be compelled annually to exercise their pens.

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*Cost of the Massachusetts General Hospital.*—From the late report of the trustees, we learn that the whole cost of the land and buildings of the hospital in Allen Street, as taken from the books, was, \$145,069 44. The Asylum for the Insane at Somerville, formerly a part of Charlestown, known as the McLean Asylum, cost \$245,845 98; making a total fixed capital of \$390,915 42, in the two departments of the institution. Of this amount, the sum of \$89,291 37 was especially given to the asylum; \$73,809 29 to the hospital. The outlay in the land and buildings at the Asylum exceeds the cost of the hospital by \$100,776 54. The invested capital of the institution, is \$110,056 72. The income of the institution is derived from the following sources, viz., the annual profits of its invested capital; a right to one-third of the yearly profits of the Hospital Life Insurance Company; the board of its patients, and annual subscriptions for free beds at the hospital.

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*A Generous Gift.*—A donation of \$1000, which was made rather more than a year ago by Dr. J. C. Warren, of Boston, with the design of having the annual interest of this sum applied to the purchase of books for the use and benefit of the patients at the Massachusetts General Hospital, has been safely invested, and a committee appointed to select and procure such books as will be likely to carry out the benevolent intentions of the donor. The committee hope that this donation of Dr. Warren, will eventually lead to the forming of a suitable and well-selected library at the hospital. For it must be obvious to every reflecting mind, that seasons of bodily infirmity and sickness present peculiarly favorable opportunities for making



useful impressions upon the character, and for affording Christian comfort and consolation, through the use of books ; and it would seem that the patients were not the recipients of all the good which might be conferred upon them whilst under medical care, so long as they remain without a library.

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*Jefferson Medical College.*—From the new catalogue several interesting facts in regard to the prosperity of the institution have been gleaned. The course of medical lectures, which closed on the last day of February, was attended by 229 students. It is a singular feature in this catalogue, that there are in it the names of 44 persons who have received the degree of M.D. This is flattering to the faculty of the college, who draw even upon the ranks of active practitioners, in many instances, so highly are the lectures estimated.

On the 10th of March last, this school graduated 59, and conferred an honorary degree of doctor in medicine on Dr. Joseph Frazer, of Darlington, Penn., and Dr. John Cooper, of Poughkeepsie, N. Y.

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*Medical Society of the State of New York.*—On the 7th of February, the Society convened at the capitol, in the city of Albany, and elected the following officers for the ensuing year.

Dr. Samuel White, of Hudson, *President* ; Dr. Joel A. Wing, *Vice President* ; Dr. Peter Van Olinda, *Secretary* ; Dr. Platt Williams, *Treasurer*.

*Censors Southern District.*—Drs. James R. Wanley, Edward G. Ludlow, John G. Morgan.

*Censors Eastern District.*—Drs. Jonathan Eights, Peter Wendell, Barent P. Staats.

*Censors Middle District.*—Drs. John McCall, Arba Blair, Ariel Spoford.

*Censors Western District.*—Drs. Alexander Thompson, Harman Van Duser, Maltby Strong.

*Permanent Members.*—Drs. Lester Green, of Herkimer ; E. B. Burroughs, of Madison.

*Honorary Members.*—Drs. Enoch Hale, of Boston ; Wm. Parker, of New York.

*Committee of Correspondence.*—Drs. Chandler R. Gilman, 1st Senate district ; A. G. Benedict, 2d do. ; Chas. S. J. Goodrich, 3d do. ; Daniel Ayres, 4th do. ; Reuben Goodale, 5th do. ; Wm. D. Purple, 6th do. ; George W. Bradford, 7th do. ; Odin Benedict, 8th do.

*Committee of Publication.*—Drs. T. Romeyn Beck, Joel A. Wing, James McNaughton.

*Committee on Prize Questions.*—Drs. James McNaughton, T. Romeyn Beck, Jonathan Eights.

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*Willoughby University.*—The annual circular and catalogue of the medical department of this institution, presents a favorable aspect of affairs. There were 71 students attending the late lecture term. Fifteen gentlemen were graduated with the degree of doctor in medicine at the session of 1841 and 2.

Four practitioners, viz., James P. Henderson, Richland co., O. ; S. Axtell, Mercer co., Pa. ; G. W. Card, Lake co., O. ; D. Upson, Summit co., O., received the honorary degree of M.D.

*Faculty of the Louisville Medical Institute.*—A pamphlet of twenty pages, double columns, in small type, has come to our address, having for its title, "*Some Account of the Faculty of the Louisville Medical Institute, supplementary to an anonymous pamphlet, by the same, entitled Some Account of the Institute.*" That it is cowardly to attack a respectable body of men anonymously, will be admitted, even by those who may envy the faculty of the Institute as much as the author of this cut-and-thrust pamphlet. Abominable as we hold the act to be, it is very likely that there is some truth in the charges; but it is inexcusable for one man to attack another in this mean and disreputable manner. If the faculty are positively a combination of rascals, deserving neither the protection of law, nor the countenance of honest men, it is strange that the civil authorities of Louisville should have tolerated their presence so long.

A simple examination of the pro and con arguments by the friends and foes of the institution, renders it certain that two parties are organized in Louisville, which hate each other most cordially. There have been provoking causes for this state of things. One of the faculty is reputed to be distinguished for his luck at making enemies for himself, personally, and every interest with which he may happen to be associated. How any one can live on good terms with another one of the same Board is surprising, if it is true that he is as overbearing, dogmatical, and insufferably vain, as he has appeared to an unprejudiced spectator in New England. Yet if a hundred books were written with the avowed object of proving that this same medical faculty was incompetent to discharge the duties of their several chairs, we should not believe them. Being learned, and being polished in manners, are different things. One may be a thorough scholar in a particular department of science, and yet be an offensive, ill-bred, in tolerable bore.

Such dastardly thrusts, however, as the maker of this pamphlet aims at their vitals, will never effect any changes for the better. We are offended with him for abusing the English grammar of our friend Dr. Gross. Should the professor be roasted over a smelting furnace for not dotting an *i*, or forgetting to cross a *t*? It was a spirit of little criticism that prompted Mr. Anonymous thus to abuse his superior. It is a mosquito stinging an elephant. Dr. Caldwell will bear long shots. Pomposity like his is bullet proof. Dr. Cobb is exceedingly amiable, and is therefore let off with only a few stripes. All the rest are pelted in a mass in some parts of the pamphlet.

Our own individual opinion upon the subject is, that some one or two disappointed, ambitious, intriguing, second-rate medical men of Louisville, are expecting to raise themselves to distinction by overthrowing the present faculty. They are making both tools and fools of a clique of equally ambitious, envious spirits, for carrying on the details of the project. Like the fox in the well, the leaders will avail themselves of the first opportunity to stand upon their back and leap out—and a fig for those left at the bottom!

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*Mortality.*—Dr. Ayres reports the mortality in the first Ecclesiastical Society of Stamford, within the last year, embracing a population of about 3000 inhabitants, as follows:

Whole number of deaths, 53; of whom 17 were males, and 20 females, over the age of 10 years—showing a greater mortality than has occurred in any one year for the last half century.



Died, in January, 7; February, 5; March, 9; April, 5; May, 7; June, 5; July, 2; August, 2; September, 4; October, 2; November, 2; December, 2.

Of these, 4 died between 90 and 100 years; 3 between 80 and 90; 10 between 70 and 80; 6 between 60 and 70; 4 between 50 and 60; 2 between 40 and 50; 5 between 30 and 40; 2 between 20 and 30; 1 between 10 and 20; 17 under 10.

Diseases. Of consumption, 16; lung fever, 4; scarlet fever, 8; bilious remittent fever, 1; puerperal fever, 1; puerperal convulsions, 1; dropsy, 1; dropsy in the head, 1; dropsy in the heart, 1; palsy, 2; cholera infantum, 2; rheumatism, 1; delirium tremens, 1; bilious colic, 2; apoplexy, 1; hives, 1; inflammation in the bowels, 1; accident, 1; suicide, 1; debility and old age, 4.

*Harvard University—Massachusetts Medical College.*—At a stated meeting, held on the 2d March, and continued by adjournment to, and on the 6th, the following candidates for the degree of Doctor in Medicine were examined and approved by the Medical Faculty for said degree:

Henry Arey, *Aneurism*; Samuel Wiswell Butler, *Hernia*; William Wild Codman, *Dental Surgery*; Henry Cowles, *Cardiac Disease*; Charles Monro Dickenson, *Dislocations*; Ezra Wood Fletcher, Jr., A.M., *Spasmodic Asthma*; Edward Hall, *Catarrhus Æstivus*; George Hayward, Jr., A.M., *Hip-joint Disease*; Kimball Hill, *Disease and its Treatment*; Frederick Howard, A.B., *Erysipelas*; Othello Otis Johnson, *Disease and its Treatment*; Cyrus Sweetzer Mann, *Bronchitis*; Francis Miller M'Lellan, A.M., *Erysipelas*; George Mason Morse, *Hernia*; Horatio Gilead Morse, A.B., *Lateral Curvature of the Spine*; Fitz Edward Oliver, A.M., *Iodine*; Joseph Stevens Jones, *Irritation*; Stephen Bailey Sewall, *Chorea*; John Spence, Jr., A.M., *Scorbutus*.

WALTER CHANNING,

Dean of the Faculty of Medicine.

*Columbia College, Washington.*—At the recent annual Commencement of the Medical College in the city of Washington, the following-named young gentlemen received diplomas, for the Degree of Doctor in Medicine:—John E. Bishop, of Batavia, N. Y.; George N. Thomson, of Boston, Mass.; C. T. Berry, of N. H.; Samuel S. Pruden, of Connecticut; Joseph Walsh, of Richmond, Va.; C. F. Willet, of Rockville, Md.; J. Miller Bell, of Culpepper county, Va.; and Miller Pratt, of the District of Columbia.

T.

*Wounds by the Dissecting Knife.*—Within a few weeks, two highly-esteemed physicians, in the neighborhood of Boston, have lost their lives, it is reported, from poison imbibed in the examination of bodies, through some slight scalpel or needle wound on a finger. It is also currently reported that Dr. Hayward, one of the surgeons of the Massachusetts General Hospital, has recently suffered alarmingly from the same cause. In other places, likewise, fatal effects have been produced from the same apparently slight cause. By turning to the third volume of the American Medical Almanac, a paper may be found, written by Dr. Lane, that is worth consulting by those who are prosecuting dissections. Punctures

made under such circumstances should not be neglected a single moment. Some organs of the human body, when in a certain stage of decomposition, seem to be amongst the most active poisons when introduced into the system through the absorbents.

*Medical Miscellany.*—Dr. Reese's edition of Cooper's great dictionary of surgery, an important work to American surgeons, will be noticed next week—a copy never having reached us till within a few days.—The Select Medical Library and Bulletin of Medical Science, edited by John Bell, M.D., of Philadelphia, is published by Messrs. Barrington & Haswell. The Library for January comprises Pilcher on the Ear.—Dr. Sweetser has a new work out at New York, on Mental Hygiene. No copies here.—Diet and Food, by Dr. P. Pereira, with notes by Dr. C. A. Lee, of New York, is published also. No copies in Boston.—Dr. Thompson's Conspectus of the Pharmacopœias, from the 13th London edition, revised by Dr. Lee, is also from the press. None in New England.

TO CORRESPONDENTS.—The communications of "Southron" and of "S." will be inserted next week. Dr. Ferguson's paper has also been received, and will be attended to.

DIED,—In this city on Wednesday last, of consumption, Dr. Charles T. Hildreth, 45. A highly respectable practitioner and a worthy man.—On the 24th ult., in Lancaster county, Penn., Dr. J. W. Miller, in the 28th year of his age.—On the Island of Madeira, where he had gone for the benefit of his health, Dr. Clement K. Sewall, son of the Hon. Charles S. Sewall, of Hartford county, Md.—In Hartford, Conn., on the 4th inst., Dr. James Beresford, late Surgeon to the British forces, aged 60.—At Baltimore, Dr. Ambrose Kellogg, a native of Charlestown, N. H., 43.

MARRIED,—At Bergen, N. J., Matthias D. Potter, M.D., to Miss Harriet A. Hedden.

Number of deaths in Boston, for the week ending March 11, 35.—Males, 14; Females, 21. Stillborn, 2.—Of consumption, 6—fits, 1—tumor, 1—ulcers on the lungs, 1—cancer of the uterus, 1—bowel complaint, 1—inflammation of the lungs, 1—lung fever, 2—scarlet fever, 1—old age, 2—pleurisy fever, 2—disease of the heart, 2—erysipelas, 1—croup, 1—quinsy, 1—congestion of the heart, 1—smallpox, 3—canker, 1—paralytic, 1—disease of the lungs, 1—dropsy on the brain, 1—marasmus, 1—drowned, 1.—Under 5 years, 14—between 5 and 20 years, 2—between 20 and 60 years, 17—over 60 years, 2.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat.  $42^{\circ} 15' 49''$ . Elevation 483 ft.

Feb.	Thermom.	Barometer.	Wind.	Feb.	Thermom.	Barometer.	Wind.
1	from 34 to 37	from 28.65 to 28.90	S	15	from 10 to 21	from 28.80 to 28.96	N
2	8 14	29.00 29.35	S W	16	6 16	29 16 29.40	W
3	5 26	29.60 29.64	S W	17	-4 16	29.50 29.57	S
4	14 36	29.62 29.65	S	18	3 17	29.57 29.67	W
5	13 24	28.85 29.50	N	19	14 21	29.40 29.67	N
6	18 24	28.40 28.51	S W	20	30 34	29.03 29.56	N W
7	8 12	28.82 29.06	W	21	18 26	28.90 28.95	N W
8	10 16	29.39 29.43	W	22	18 31	28.88 29.08	S W
9	6 16	29.60 29.70	N W	23	9 16	29.10 29.20	N W
10	-4 20	29.85 29.90	N W	24	9 23	29.17 29.22	N W
11	35 42	28.99 29.20	S	25	5 30	29.13 29.18	S W
12	20 27	29.27 29.40	N W	26	26 33	29.15 29.27	N W
13	18 21	29.60 29.60	W	27	22 28	29.16 29.20	N
14	12 16	29.47 29.63	N	28	16 34	29.47 29.52	N W

February has been a cold month. Snow has been abundant and sleighing excellent. The thermometer has been at or below zero 4 mornings, and one morning 8 and another 7 below. The range has been between 8 below and 42 above—just 50 degrees. Barometer has ranged from 28.40 to 29.90. Inches of rain fallen, 4.45.



*Prevention of Syphilis and Cutaneous Diseases in the French Army.*—A measure has been recently adopted for this purpose. Hitherto every venereal soldier on leaving the hospital was punished by a month's arrest of pay (*consigne*). The consequence was that the soldiers concealed the disease as long as possible, and resorted to quacks to be treated: bad cases therefore often occurred, and the cures were long and expensive. The punishment is now abolished for soldiers who voluntarily confess their disease on the appearance of the first symptoms of syphilis or itch; but they are still amenable to it if the appearance of primary symptoms has existed more than four days, and it is so distinct that they could not have mistaken it. Another new arrangement admits soldiers who have been absent on a week's leave or more, or who belong to the reserve, and are attacked by venereal diseases or the itch, to be treated at the expense of the state in the civil or military hospitals, provided they present themselves at the commencement of the affection.—*Bulletin Générale de Thérapeutique*.

*Effects of a Solar Eclipse on Animals.*—In his report on the eclipse of July 8th, M. Arago mentions in support of a popular notion which he had always disbelieved, that a friend of his put five healthy and lively linnets in a cage together, and fed them immediately before the eclipse. At the end of it three of them were found dead. Other indications of the alarm it produced were seen in a dog which had been long kept fasting, and which was eating hungrily when the eclipse commenced, but left his food as soon as the darkness set in. A colony of ants which had been working actively, suddenly ceased from their labors at the same moment.—*Gazette Médicale*.

*New Charpie.*—The French Acad. des Sciences was lately presented with a specimen of charpie manufactured by a new process, and which it is supposed will possess an advantage over that now in use, by its greater purity. The thread is successively submitted to the action of acid, chlorine, alkaline, and caustic alkaline solutions, before being washed in pure water, and dried, beaten, cut, and carded.—*Lon. Lancet*.

*The Salts of Quinia.*—Prince Lucien Bonaparte has been making further researches on these medicinal agents. We have already once alluded to his experiments. He now recommends the employment in practice of both the lactate and valerianate of quinia in preference to sulphate, the latter not producing those functional derangements in the nervous system which the sulphate sometimes causes; and the former on account both of its greater solubility and more energetic action. The fact, established by various physicians in the Roman Maremma, that quinia alone, or its hydrate, is more efficacious as a remedy for intermittents than the sulphate, the prince considers due to its being converted into a lactate by the lactic acid of the gastric juice. This opportunity may be taken to mention (see *Gaz. des Hôpitaux*) that attempts have been made to combine quinia with ferrocyanic acid, and a substance entitled *hydro-ferrocyanate of quinine* has crept into pretty extensive use among French practitioners. But M. Pelouze has ascertained that this substance is in reality nothing more than quinine mechanically mixed with a little Prussian blue, the consequences of spontaneous decomposition of the acid.—*Ibid*.

T H E

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MEDICAL WRITERS THE BEST PRACTITIONERS.

[Communicated for the Boston Medical and Surgical Journal.]

THIS proposition must be received with some grains of allowance. To say that the probable motive of a large proportion of "medical writers," in this book-making age, is an ambition *to be thought* "the best practitioners," would perhaps come nearer the truth.

This reflection was suggested by an article which appeared in a late No. of the Journal, headed in round terms by the proposition above quoted; which I thought, at the time, deserved some comment, as being *rather inconclusive*.

To the purpose, then—it may be observed that a large portion of our medical literature is made up of the crude effusions of the young and inexperienced, which however laudable as evincing application and enterprise, are faulty as liable to mislead the unwary, and are certainly not to be received as proofs of "practical" ability, which the writers could not have had either time or opportunity to cultivate. A second and more voluminous class are those systematic writers, whose principles and plans of cure are confessedly erroneous, and who, of course, are not to be considered "the best practitioners." A third and still more numerous class, is the motley band of the reporters of cases which have neither newness of character nor ingenuity of treatment to recommend them to attention—promulgators of new and extraordinary remedies which do not bear the test of experiment—fanciful theorists—Mesmerists, homœopathists, hydropathists, *et hoc genus omne*, who are all "medical writers," and come within this sweeping text. The press is teeming daily with grave discourses—monographs—on some particular disease, well known by name, but hard to cure; in which the disappointed reader finds nothing but the gleanings of a medical library in a new binding, without a single new idea of any importance. What an insult to one who hungers and thirsts for something fresh and substantial, to be thus fed as they feed pigs in Westphalia, with GRAINS already digested, over and over again. How provoking, to find oneself thus beguiled of his time and money by a mere compiler, who has done little more than lend his name to an illegitimate bantling, which he has had the practical skill to lick into shape.

If a man has anything new, and worth hearing, to say, as sometimes happens, in the name of goodness let him publish it to the world; it will be attended to; but in default thereof, let him bide his time, and not suf-



for his *cacoethes scribendi* to overwhelm us with books, which multiply words without knowledge, to make confusion worse confounded.

Mark one of these professed "writers" at the bed-side of the sick, and you shall find him, more often than otherwise, at fault in his diagnostics and prognostics, and prescribing a treatment which would shame an experienced nurse; the fact is, he has seen diseases with other men's eyes, or through the medium of books. If genius (or that indispensable we call tact) be the reward of patient observation merely, such a man seems not to have had enough of this virtue to win the prize; or if it be a natural gift, the gods have denied it to him, and books can illy supply its place.

It is a mistaken notion that all knowledge is shut up in *books*; the preliminary sciences which go to form the medical character—anatomy, botany, chemistry—are not to be acquired from books. They may, if well chosen, serve the student in his progress, as useful auxiliaries—nothing more. Books never made a physician of the reader or *writer* of them. They may, indeed, answer the interested views of the *latter*, and procure for him a factitious credit for a practical skill which he has not.

It is not true, then, that "medical writers," as such merely, are "the best practitioners"—it is not true, even, that very ingenious medical writers are of course the best practitioners. What the Ethic Bard says of the moral, is equally true of the medical, writer:—

"Who reasons wisely, is not *therefore* wise;  
His pride in reasoning, not in acting, lies."

Physic, as well as surgery, is a practical business, and to be useful to mankind needs the guidance of a sound discretion—judgment—wisdom—but, as Armstrong has well observed—"There is a mighty difference between learning and wisdom: the physicians of Sydenham's day were learned men; they could speak and write Latin fluently; but Sydenham could do neither—he attended not to words, but to things—to the phenomena of nature—and despised the learning which was so much the pride of his cotemporaries. I have never met with a physician, either in public or private, who was a thorough-paced book-worm, who *did* study the phenomena of nature."

Physicians are very often what Milton calls, "deep versed in books, but shallow in themselves"—and if this be true of the green tree, what shall we say of the dry? since it is to be feared that many of our medical writers are as deficient in book learning as in clinical observation.

This writer has done little to establish his theory by calling up the spirits of the departed; on the other hand, he has rather reminded us that those who have written the most, have done the least to advance the knowledge, or to improve the practice, of either physic or surgery. If the merits of physicians, or their comparative skill in the healing art, was to be measured by the *page written*, their rank could soon be adjusted.

The writings of Hippocrates, including all which have been ascribed to him, are contained in a single volume of moderate size—and yet we

have the internal evidence, and the testimony of all antiquity, that he was a good practitioner.

Celsus, within a smaller compass, has left us an elegant summary of the state of physic and surgery with the Romans, at about the Augustan age, but as he is supposed not to have *practised* either, we can make little account of him in the present concern.

After a dark night and cloudy morning of more than fifteen hundred years, Sydenham appeared, and by a single volume—the *Novum Organon* of Medicine—threw more light on the treatment of the most prevalent and wide-wasting diseases which afflict humanity, than all the ponderous tomes of Boerhaave, Van Swieten or Hoffman, good and great men as they were. With all our boasted improvements and discoveries, how many diseases can we *cure*, that Sydenham could not cure?

John Hunter, 'tis true, was somewhat a voluminous writer; but he was the *author* of what he wrote—an original genius—consulted no book but the book of nature—and would have been the last man in the world to subscribe to the dogmas of this writer.

Astley Cooper never wrote for publication, I believe, until he had something to *say* of his own discoveries and improvements, and much of this he left to others to say for him—so that the extent of his practice was in an inverse ratio to the number and size of his books. Of his skill and success we have many living witnesses, without appealing to this writer's standard of dollars and cents.

It would be a tiresome and perhaps invidious task, to pass in review the muster roll of names he has called over; but, if it were done, I doubt whether it would help his cause very materially.

Dr. Rush was one of our earliest and most copious medical writers, and, by precept and example, influenced the practice of physic in this country, for a series of years, beyond any other man. How justly his bold and unprecedented use of bloodletting and of calomel in the treatment of fever, entitle him to rank as one of the "best practitioners," is a question, I take it, long ago settled by tacit agreement. Dr. Rush, no doubt, possessed many great and good qualities—a ready writer—

"Eloquent with ease,  
Intent to reason, and polite to please."

But the cast of his mind was not that which goes to form the great physician. With the enthusiasm of a reformer, his imagination was too sublimated and eccentric to be propitious to a sound judgment—he was not a Sydenham.

The writer deprecates any imputation of partiality, in his enumeration of examples to confirm his position—quite unnecessary—as it is not pretended to be as full as it might be. Some, indeed, may think his allotment to the little State of Rhode Island rather liberal; by the same rule, I suppose, that they find fault with the Constitution for allowing her as many Senators as the largest State in the Union: besides, it must be admitted in his defence, that of the two *living* medical men ascribed to her, one unfortunately died some forty years ago. Dr. Senter was indeed a distinguished practitioner both in physic and surgery, but not much of a writer



—no stranger to books, if he never wrote one. He was, however, mainly a self-educated man, and owed the extensive reputation he enjoyed to superior native sagacity, his talent for observation, and great experience. His survivor, I believe, is a considerable writer.

There may be many reasons why the best practitioner is not often a voluminous writer. He may, perhaps, be disgusted by the abortions he sees daily falling from the press; and perhaps he may think his few leisure hours better employed in *thinking*, rather than in reading or *writing* a book—but, above all, he feels and laments, that the faculties (whether natural or acquired) to which he owes his eminence—his better part of knowledge, the discriminating judgment—the tact—the practical skill—which enable him to disentangle the manifold complications of disease, and hit the right nail on the head—is a thing which he cannot *communicate* to others—it has grown with his growth—has lived, and must die with him.

Why did not Napoleon (who was a first-rate practitioner) write a book on military tactics, which might teach every commander how to gain victories like those of Austerlitz or Jena? *Sat verbum.*

We have good reason to believe, that in our own country, there have been many skilful physicians, who after a life of activity and extensive usefulness, have died thus *intestate*. Venerated and beloved as public benefactors by one generation, faintly remembered by a second, and forgotten by a third—and the *hic jacet* in some country burial-ground is all the *literature* that remains of them. S.

#### ON THE TREATMENT OF HYDROPHOBIA.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—There is hardly a single volume of the Medical Journal for the last twenty years that does not contain some allusion to *hydrophobia*, and more or less general remarks upon this very formidable, and too often fatal, disease. In the September No. of Vol. XXVI., you observe that you have heard that some of the physicians of Louisiana are remarkably successful in the treatment of it, and that if they have made any discovery which would be of general utility, they should at once communicate it for the benefit of the public. Let me remark, *en passant*, that hydrophobia is not a very common disease in Louisiana, nor even in New Orleans, and by no means so common as in some of the northern cities; while it is more frequent, I imagine, throughout all Europe than in the U. States. In the different parts of the Prussian monarchy the number of deaths in ten years, as reported in Hufeland's Journal, amounted to 1666. In one province alone there were 228. In Mexico the disease is very rare. In South America, though it has occasionally been seen there, it is now almost unknown.

Two fatal cases of hydrophobia, however, occurred in New Orleans in April last, and are melancholy proofs, if any were wanting, of the total inefficiency of the present mode of treatment recommended and practised in this deplorable disease.

I am not aware that any of the physicians in Louisiana have written or published anything upon this subject. In a long course of Southern practice I have seen but one rabid animal, and of the several persons severely bitten by it, not one proved fatal. Six blacks, both male and female, were bitten by a mad dog, and severely wounded in different parts of the body, for which I immediately prescribed, and all of which healed quickly and kindly, by the simple application of *chloride of soda*. This was more than a dozen years ago, and long before I had heard of the successful application of *chloride of lime* in similar cases, by M. Coster, a French physician, and for which I believe he was knighted by the King, and receives a pension from the French government for his "valuable discovery." I applied the *chloride of soda* immediately, and almost in its concentrated state, to each of the wounds made by the rabid dog, of whose confirmed madness we had unequivocal proofs, and each and all of them suppurated directly and healed kindly in the course of a few days. Two of the wounds were upon the upper arm and leg, and both of them large and ragged. The subjects were not confined more than a day or two—had no illness—manifested no alarm—and have experienced no subsequent disease.

Hydrophobia is a very mysterious malady, and when fully developed is almost always regarded as fatal. Cullen and Darwin speak doubtfully of any preventive remedy for it. Fothergill says that all the remedies proposed, either as preventives or cures, are found by experience to be altogether ineffectual. But chemistry and therapeutic medicine have made rapid strides since these authors flourished. Thousands have been successfully treated and cured since their day, and that seemingly by every variety of means, both local and general—bleeding—cupping—ablution—excision—cauterization—salivation—acids—alkalies and wine! M. Buisson has published a memoir in France to show the efficacy of the vapor bath in curing hydrophobia. He gives many cases in which the remedy was successful.

In ten years there were admitted into the hospital at Zurich 233 persons bitten by different animals (182 by dogs) of whom only four died. Of 184 cases entered at the hospital at Breslau in 14 years, 2 only died of hydrophobia.

Dr. Wendt has published a tract in support of the preventive treatment, which has been adopted in the hospital at this latter place, against this dreadful disease. The prophylactic measures are the same as those which were first adopted in the hospital by Dr. Kruttze in 1797. These consist of the application of cantharides to the wound, and the internal use of calomel, and the external inunction of mercurial ointment, until salivation is effected. M. Wendt appeals to an experience of twenty-eight years as a guarantee of its success.

Numerous writers of the most celebrated credit have recorded, and experience verifies the fact, says Dr. Thatcher, that a large proportion of persons bitten by dogs actually mad, are never affected by the disease, even though they dispense with preventive remedies. This is somewhat



consolatory, to be sure, but ought not to induce a security which may prevent every precaution being taken to avert such a direful and distressing result.

It would be very desirable, indeed, to ascertain with precision the utmost limits between the bite and the access of the disease, but this would seem to be impossible. The action of the poison is doubtless influenced by circumstances. Ten or twelve days has been considered the average in the canine species, and the most common period from ten to twenty in the human subject. Dr. Mease has given a case in which the disease did not appear till upwards of three years after the bite of a rabid animal. Dr. Bardsley relates a case, referred to by Dr. Good, in which hydrophobia appeared twelve years after the bite of a dog supposed to be mad. In Vol. VII. of the N. E. Medical Journal, several remarkable and well-authenticated cases of hydrophobia are mentioned, in which the disease appeared *fifteen years* after the bite. Three brothers of an unfortunate victim to this disease, were bitten by him in his madness, during his fatal illness, and all of them died, sooner or later, of well-marked hydrophobia. These are wonderful and highly interesting cases, and for many reasons are worthy of the special consideration of the medical profession. Morgagni has quoted a "well-attested case," in which a period of *forty years* elapsed before the disease appeared!

I look upon the preventive or preservative treatment of hydrophobia as all-important, as it is by this chiefly that life is to be saved. The poison must be destroyed *in limine*, and as early as possible after the bite. It is now altogether *local*, and may be removed or destroyed as easily as a chancre, or the poison from the bite of a venomous serpent. For this purpose I would urge upon the profession the early use, in every case, of the *chloride of soda*, as an infallible remedy, and with all confidence in its specific virtue. It is to this element alone, probably, that we are to attribute all the specific action of the *Scutellaria* or *scull-cap*, so much extolled of late, and so successfully applied in the treatment of hydrophobia—for it is largely impregnated with *chloride of soda* and other salts. And why not? We have many vegetable specifics for the bite of serpents, and that there should be anything more concentrated or deadly in the poison of mad dogs, is highly improbable. We have the *Algalia*, or *yerbe del sapo*—the *cabinca*—*aya*—*pana*—the *vejucos* du *guaco*—*rattle-snake's master*, &c.—all of which, and many more, are proof against the bite of the most venomous serpents. Two of these latter South American plants are species of *eupatorium*, and have been highly extolled for their anti-poisonous and anti-hydrophobic properties.

In the 1st and 2d volume of the American Farmer, may be seen a drawing of the species of *scull-cap*, and several well-written papers, embodying the chief facts concerning the efficacy of this plant in controlling the force of the disease. The proof is irresistible that its virtues are almost specific, and more than one thousand well-attested cases are reported as having been completely and speedily cured by its use. The late Dr. Rob't Brown, of New York, had such confidence in it that he declared, if

bitten himself, he would rather trust his life to it than all the physicians of the city.

The excellence of alkaline salts, as antidotes to the venom of serpents, has long been established. The *volatile alkali* is a common remedy in India for the bite of the cobra copella and viper, &c. The poison of the moccasin and rattlesnake is immediately counteracted by the application of this remedy. I have used it often with success. Your Louisiana correspondent did right in giving *aqua ammoniæ* in his case of snake-bite, which he lately reported, but his dose was quite too small. Had he given five times the quantity, his patient would have recovered and gone to work in five hours instead of as many days. Such accidents are very common in the planting States, where the blacks spend much of their time in the woods and fields.

As the symptoms of the bite of serpents resemble somewhat those of hydrophobia, viz., spasm of the glottis, locked jaw and profuse discharge of saliva, why should not the volatile alkali be found a useful remedy in canine madness? This idea was long ago suggested by a writer in the Medical Repository, and seems worthy of attention.

*Sweet oil*, also, internally and by inunction, is a specific for the bite of serpents, and has been successfully used in hydrophobia. It was first used, I believe, in Italy, half a century ago; and Dr. Miller, of South Carolina, mentions a case of hydrophobia where it was successfully used in this country as early as 1793. Considering the similarity of these two maladies, or their symptoms as above noticed, why should not the olive oil prove as generally successful in the one as in the other? It needs further trial to establish its virtue. In the bite of serpents I use the spts. hartshorn or sweet oil indiscriminately, externally and internally, and never fail of success. I have used them both in numerous cases of bites of the moccasin and rattlesnake, and have never had one prove fatal.

Whether the action of the two animal poisons is alike, it is difficult to say. One or the other, or both, perhaps, may produce death by acting upon the nervous system, or more likely by absorption. In the case of snake-bites the action of the poison is very rapid. We have been told that an Indian hunter, who was bitten by a rattlesnake, while warm upon the chase, fell instantly upon the ground and died of convulsions in fifteen minutes.

Prof. Mederer, of Germany, in a letter published as early as 1783, proposed a preventive remedy quite similar in effect to that now recommended. It was simply a solution of thirty grains of *lapis causticus* in a pint of water, to be freely applied to the wound. The remedy was applied to a great number of bitten persons, it is said, and always with success.

Dr. Haygarth used *soap and water* in hydrophobia, in several instances, with success also. This is similar to the chloride of soda in its effects, and the principle in its local application is the same, viz., to destroy the poison.

In Russia the doctrine is quite prevalent that hydrophobia is altogether a local disease, situated in the glands of the mouth. These tumors being opened by the knife or caustic, it is said, will prove an infallible remedy.

Dr. Marochetti says that the appearance of tumors of unequal size



under the tongue, always and uniformly marks the existence of hydrophobic virus, which can easily be ascertained by the touch. The tumors should be opened and washed, when the virus will be destroyed. The doctor used a decoction of *yellow-broom flowers*, in several cases, and with uniform success.

There is little danger of hydrophobia, we apprehend, till the poison is diffused through the system. Here the specific animal poison, like that of another disease above alluded to, and familiar to every general practitioner, has probably entered the system by the absorbents, the constitutional symptoms manifest themselves, and the disease is developed in all its horrors. Now if this specific poison be neutralized or destroyed in the germ, or when it is merely local, no absorption can take place, and of course there will be no danger of subsequent or constitutional disease.

If, therefore, the *chloride of soda* possesses the power of decomposing this tremendous poison, and can be confidently relied upon, as I believe it may, to destroy the virus, even after it has manifested itself in the salivary glands and affected the constitution, death is deprived of its victim, and hydrophobia will no longer be regarded as an incomprehensible and necessarily fatal disease.

When absorption has taken place and hydrophobic symptoms begin to be developed, small vesicles or tumors make their appearance under the tongue or salivary glands. The treatment now should be active, and the remedies promptly applied. Apply cupping glasses for a few minutes, over the originally wounded part, and wash with the chloride of soda as first recommended by M. Labarraque, and employed externally and topically to wounds, ulcers, &c. If vesicles are seen under the tongue, as described by Marochetti, and hydrophobic symptoms have appeared, scarify the part directly with a lancet and apply the chloride freely. This practice of making incisions under the tongue has been employed successfully in Thrace, and approved by the French Academy, at any and every period of the disease, and without any regard to the appearance of the ordinary pustules there. It is regarded as infallible, and no apprehensions of hydrophobia are entertained.

During the treatment castor oil and turpentine, with peppermint water, or some other carminative, should be freely administered, and assafetida lavements to relieve the gaseous distension of the bowels, which is always a prominent symptom in hydrophobia. The chloride of soda should be given internally, diluted with ten or twenty parts of water, and repeated as circumstances may demand.

It is useless to allude to the thousand and one empirical remedies for hydrophobia, which have been palmed upon legislatures, the profession, and the public, for the last hundred years; but I cannot refrain from noticing one which comes to us "by authority," and which may be new to most of your readers, and serve as a pendant to other remedies now in use, and prove beneficial, perhaps, when all others have been abandoned. In hydrophobia, as in cholera, where theory and practice seem to have proved so inefficient, we seem, for both objects, to have a right to look for new paths; trusting to Providence for aid, and using our own prudence

chiefly for avoidance of mischief. I am not for continuing to navigate the common stream, said a venerable and estimable friend of ours (now no more), when I see it leads every one to a cataract, and know how innocent the attempt may be for finding a portage.

"*An infallible Cure for the Bite of a Mad Dog, brought from Tonquin, by Sir George Cobb.*" "Take of native and factitious cinnabar, twenty-four grains each, and musk sixteen grains; rub them together in fine powder, and put into a small tea-cup of rum or brandy. Let it be well mixed and given to the person as soon as possible after the bite. A second dose of the same must be repeated thirty days after the first, and a third may be taken in thirty days more. But if confirmed symptoms appear in the persons bitten, they must take one of the above doses immediately, another in an hour after, and a third a few days later. The above dose is for an adult person, and for children must be reduced in proportion to age. This medicine, it is said, has been given to hundreds, and Sir George Cobb himself cured two persons by it who had the usual symptoms of madness."

Yours, &c.

Louisiana, February, 1843.

SOUTHTRON.

#### THE NERVOUS SYSTEM AND THE NEUROSES.

[A SMALL pamphlet is before us, entitled "Observations on the Nervous System and the Neuroses; being the subject of a course of Lectures delivered on Saturday, Feb. 18th, and Tuesday, Feb. 21st, 1843, before the medical gentlemen of Buffalo, N. Y." But before we had fairly commenced the examination of this new thing—for such it certainly claims to be—the following communication was received from the author, Edward J. Ferguson, M.D., which may perhaps throw a little light on what looks like a dark subject. Extracts may perhaps be given hereafter from the pamphlet above alluded to.]

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In my Observations on the Nervous System and the Neuroses, I have explained an important provision of nature, which I have termed the grand conservative action of the economy. This great provision preserves the body from being thrown into disorder by slight impressions; it is the *modus curandi* of nature; and it is the *modus curandi* of the physician. The great conservative balance between the internal and external systems, explains many phenomena hitherto deemed inexplicable; it is the safety valve, so to speak, of the body.

I have shown how it explains the occurrence of many diseases, as pneumonia, bronchitis, hepatitis, diarrhoea, dysentery, &c., from *external* impressions; and also the occurrence of nephritis, erysipelas, various diseases of the skin, the excited external vascular action in fever, the muscular contractions of the neuroses, &c., from *internal* impressions.

In this paper, it is my intention to offer an explanation of some actions which depend on the conservative balance, and which have been imper-



fectly understood. I have mentioned that the kidneys have no nerves peculiar to themselves. The kidneys are, in fact, an important part of the external system, and of the great balance. They are connected with the abdominal viscera, by the abdominal nervous system; but they have no connection, by non-cerebral nerves, with their own external system. They cannot, therefore, be acted on by external impressions directly; but they may be so indirectly, through the abdominal viscera.

*Impressions on the external system conveyed to the internal system by the abdominal nervous system.*—When an individual, while perspiring, exposes himself to the cold air, an action takes place, which may be referred—1st, to the local impression; and 2d, to the conveyance of the impression, by the non-cerebral nerves in the compound nerves, to the abdominal viscera. The first causes contraction of the capillary vessels, and suppression of the perspiration. The second causes excitation of action in the abdominal viscera—diarrhœa; or the impression, conveyed back from the abdominal viscera to the external system, may excite the kidneys, and so produce a copious flow of urine.

I have noticed several of the effects produced by impressions, which are conveyed by the non-cerebral nerves from the internal, to the external system. Let me notice another—jaundice. In remittent fever, and in various diseases of the liver, the secretion of the bile is partially or totally suppressed. Now it is necessary that the change of the blood made by the liver, shall be made by some other organ; else death must inevitably and *instantly* ensue. This is done through the grand conservative action. The impressions, conveyed outwards to the vessels of the external system, from the disordered internal viscera, cause the external capillaries to secrete bile; and to withdraw the effete material from the blood. Life is thus preserved.

In suppression of urine, diarrhœa preserves life in a manner precisely similar, only the impressions are conveyed inwards. And in this way it can be shown, that the suppression of any secretion, may, for a time, be innocuous; owing to the preservative influence of the conservative action. Again, in consumption, it has been remarked, that if the sweats are by any means suppressed, the patient soon dies. My explanation of this is very simple. The sweating is a consequence of the conservative action, and is intended by nature to keep down the local vascular excitement, which arises from the local impression of the tubercular matter. And it is by this conservative action, that nature attempts to remove all local disorder.

It is not my purpose, at present, to enter further into this subject. In other papers I have stated what I consider to be the real *modus operandi* of the materia medica. I have endeavored to explain my physiological views, so that they may furnish the necessary data for the practical physician.

E. J. FERGUSON, M.D.

Buffalo, N. Y., March 8, 1843.

## HOAX.

[Communicated for the Boston Medical and Surgical Journal.]

WHEN we prepared our remarks on "the use and abuse of calomel," we expected and confidently looked for a response from Professor Chapman or some of his friends, denying the paternity of the article or acknowledging its authorship, and justifying the course pursued. But we were not prepared for the lame and unsatisfactory explanation which appeared as an editorial in the 2d No. of "the Medical News." The editor would fain persuade the profession that it is all a forgery, and of so gross a character that none but those "whose optics are none of the clearest" could be "hoaxed by such a shallow trick;" and seems to intimate that no medical intelligence can be considered authentic or worthy the attention of the profession, which appears in a *newspaper*. The editor can hardly suppose that such an article, emanating from any member of the profession, could find a place in any respectable medical periodical, for whoever may have been the author of the paragraph in question, he manifestly never designed it for medical men, but clearly intended "to alarm the ignorant, and to make gulls for his net," and that, too, whether he hailed from "the gentle craft" or the regular college of *medical doctors*. Hence, "those useful disseminators of authentic medical intelligence," newspapers, were selected to carry out his designs. The *steamer*, who "resorted to the artifice of putting forth, under the sanction of a respectable name," such an article, seems to have been very judicious in his selection—for had he searched the profession from Maine to Louisiana, from the Atlantic to the Lakes, he could have found but one other *live professor*, whose medical opinions, heretofore expressed, would have justified a belief of the slander.

How much we may have been "hoaxed by this shallow trick" we are not prepared to say, but we will candidly acknowledge that, as we did not possess the "*clairvoyance*" of the editor of the News, and could not so "*manifestly*" see the steamer forging the professor's name, we were compelled to form our conclusions in a more round-about way; and as our opinion was founded on what we considered tenable grounds, we must have better evidence than we have yet seen before we change it.

It is well known to the profession that Professor Chapman twenty years ago entertained and advocated the medical opinion contained in that paragraph, to wit, the perfect and entire identity of the symptoms of mercurial disease with those of syphilis in all its phases; that this identity was so perfect "as to perplex and confound the judgment even of the most enlightened and experienced." Hence we concluded the paragraph under consideration might legitimately come from him, and particularly as we believe the Professor has changed few or none of his medical views in the last twenty years; at least *we* have no evidence that he has repudiated this. Further, from the manner in which he has heretofore treated those whose medical opinions he had occasion to controvert, we were justified in concluding that the personalities of that paragraph might naturally come from him. But above all were we justified in believing the



Professor in some way connected with this matter from the determined silence of him and his friends, who have permitted it to travel the length and breadth of these States nearly two years without contradiction. It may be among the *possibilities* of this life, but not among its *probabilities*, that Professor C. had never seen the article; if so, it becomes him to plead earnestly to be saved from his friends, for, by permitting so base a forgery and slander to travel uncontradicted from May, '41, to February, '43, they were surely very indifferent to *his* good name and the character of the justly popular school with which he is connected.

We were so unreasonable as to believe that the Professor or some of his friends would, immediately, on seeing the paragraph, pronounce it a forgery, and check this base slander in the bud; but month after month passed—until it appeared in not less than five or six of the most respectable journals of the country, and yet no disavowal from any one. Hence we believed, if the Professor was not the author, he or his friends were willing he should avail himself of all the benefits which might accrue to him from the general diffusion of such opinions, and that the paragraph might produce its full effect upon their medical brethren and upon the profession.

However "*manifest*" the authorship of this "*hoax*" might be to the astute editor of the News, however well he might be satisfied that no such paper could emanate from the eminent Professor of the University of Pennsylvania, and however well assured he might be that no professional man would for one moment believe it, yet, as a good citizen, he was bound by all the usages of civilized society, immediately to expose the forger and the forgery. As a friend to the Professor his manifest duty was to notify him of the slander, that he might at once disavow it—and as a worthy member of a benevolent profession, the *ignorant* and *uninformed* had claims upon him. But by his silence he aids the author of the paragraph, and leaves those, whose only crime is want of knowledge, under the influence of their prejudices, to reject the prescription of the regular physician and to fall into the toils of the steamer; when a single word from him might perhaps have been the means of restoring the health or preserving the life of many a worthy man. And yet, the editor of a respectable journal can, with unblushing effrontery, tell us it is only a laughable deception, which he seems to consider as a piece of fun calculated to impose, only, upon the *weak ones* of the profession, while he, with the eminent Professor, appears, for some time, to have been standing back to enjoy the sport.

We are truly sorry that the editor has departed so far from the dignity of the profession as to resort to the poor subterfuge of "a hoax" to save his friend, when it would have been much easier, and infinitely more satisfactory, to have given us at once the best evidence of which the nature of the case would admit—the Professor's *candid, frank disavowal*. Until this comes, we must be permitted to believe that for withholding it, there are the *best of reasons*.

We assure the editor, his assertion that our "*optics are none of the clearest,*" will never give us one moment's uneasiness so long as our opin-

ions are in accordance with the views of such men as the editors of the Western Journal of Medicine and Surgery. That they, too, "have been completely hoaxed by this shallow trick," will appear by a reference to their December No., which we would particularly commend to the consideration of the editor of the News.

In conclusion, we are greatly mistaken if that portion of our article which the editor considers "*windy*," should not, in the end, prove to be but the "gentle western zephyr," compared with the blast which will shortly come from the South, like the simoon from the desert, and wither all upon which it may fall.

ARETÆUS.

Ohio, March 8, 1842.

#### ANOMALOUS DISEASE AT THE WEST.

[THE following communication was sent to a professional gentleman of high standing in this city, who kindly placed it at our disposal. Although the writer's name is not appended, we are assured he is a man of respectability, residing at Walnut Hills, Ohio, whose account may be implicitly relied upon. Not being from a physician,\* it makes no pretensions to a scientific narrative, but is simply a general description of an anomalous disease, not only unknown to us, but perhaps unparalleled in history. The subject, we understand, was a student of the Lane Seminary at Cincinnati. Dr. Mussey, we trust, will soon furnish the details in a way to be correctly understood.]

About the middle of November last, some of our students were taken sick; and out of sixty, twenty-seven have been dangerously ill. Very soon after the sickness commenced, I took one of the young men into my house to nurse him and get him well. He had just been licensed to preach; a noble fellow, with a tall, muscular frame; self-denying, devoted, amiable, full of life and energy. The disease took strong hold of him. After about six weeks of suffering, his flesh began to decompose, and drop from his bones like the flesh of a dead man. We tried every way to prevent it; and I washed him all over myself twice every day. But nothing did any good. His body decomposed, and run away in the most sickening, offensive, gory matter. Sometimes pieces of flesh came off, three inches long and an inch wide. Dr. Mussey said it was the most horrid thing he ever heard of. My whole house smelt like a tomb of rotting carcases. My wife and all my children were taken sick, and nothing but the urgency of the case enabled me to keep about. I loved the man dearly, and felt as if I must take care of him. The physician said it would not do for me to attempt this any longer; and I hired a stout fellow to help me. He gave out the first day, and left me alone. I then hired a student, and he staid by very faithfully two weeks, when he

\* Geo. Fordyce, Dr. Jenner, J. Hunter, M. Baillie, E. Home, A. Carlisle, and J. Clark, published "Transactions of a Society for improvement of Medical and Chirurgical Knowledge," Vol. 1., 1793; J. Hunter furnished seven papers, including in thirty-eight pages, "a case of a gentleman laboring under a fever, 1780, drawn up by himself, together with the cases of his 8 fellow sufferers, 5 of whom died, communicated by J. H., and read to the Society June 17, 1788." He explains "the vagueness of the terms by the fact that the gentleman is not of the profession."



was taken down with the same disease. The physicians then said it was too much for any man to take care of him two days in succession, and five men were appointed to do it alternately. The poor fellow laid in my house in this way fifteen weeks, before death put an end to his sufferings. During most of the time he was perfectly rational and conscious of everything that happened to him; and yet not one complaining or impatient word, and scarcely a groan escaped from him. I never in my life saw either such long-continued suffering, or such patient endurance. Here is the disease which has been among us ever since November. This was the most aggravated case; but several have been nearly as bad, though only four deaths have occurred.

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### THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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MARCH 22, 1843.

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*Dictionary of Practical Surgery.*—Owing to a mistake at the publishing house, a copy of Dr. Reese's edition of Cooper's Dictionary of Practical Surgery was received only about ten days since, although out of press some months ago. This circumstance, however, has only increased our curiosity to examine into the merits of the American editor's labors. Not to be acquainted with Mr. Samuel Cooper's writings, and especially with his Dictionary of Surgery, is hardly supposable in this reading age. If it was an object to obtain that work, the desire must be enlarged ten fold to have it in its new garb, enriched by the industry of Dr. Reese, who has collected together the annals of American surgery, and shown, in a manner honorable to our country, that the science is not only cultivated with becoming energy in the new world, but improved by the genius of our operators.

We scarcely know where to commence, in speaking of this exceedingly useful volume. In addition to the original work, there is an appendix, embracing all the valuable improvements of the 7th and last edition of the author in 1838; together with all the recent improvements in Europe since that date, and a record of the meritorious operations performed by American surgeons in various parts of the United States—"thus bringing down the science to the present time." This important addition is preceded by an alphabetical catalogue of all the surgeons whose operations or contributions to surgery are referred to, either in the notes or the appendix. Full justice is meted out to these gentlemen, which is nowhere else done in the same conspicuous and orderly arrangement.

No one can appreciate or properly estimate, without a careful examination of the whole, the vast amount of literary drudgery Dr. Reese must have gone through to produce this work. That the book must be of daily importance to the general practitioner, seems unquestionable. If we wish-

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\* A Dictionary of Practical Surgery, &c., by Samuel Cooper. Revised, corrected and enlarged, from the seventh London edition, with numerous notes and additions, embracing all the principal improvements, together with a supplementary index, &c. By David Meredith Reese, M.D., Professor of Theory and Practice and the Principles of Surgery, in Castleton Medical College. New York: Harper & Brothers. Pp. 506. 1842.

ed to give our correspondents abroad the completest history of American surgery extant, with all the improvements which characterize the age, a present of the American edition of Cooper's Dictionary of Practical Surgery, by David M. Reese, M.D., would be the best messenger.

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*Compendium of Eberle's Medical Practice.*—A huge sheet, as elaborately constructed as the tables of logarithms in Bowditch's Navigator, came to our address the other day, with a request that it might be noticed—"and stuck up in our office." We should as soon think of pinning the editor of the Botanico-Medical Recorder himself, who so modestly makes the request, on the wall, so far as our own personal gratification is concerned, as this incomprehensible, cabalistic piece of mummery! One square is allotted to the title—which runs thus: "A complete compendium of Eberle's Practice of Medicine, prepared with great labor and care, and kindly furnished by Hardy Wallace Hill, M.D., Prof. of Anat. in the Botanico-Med. College of Ohio. With an introduction containing an epitome of the regular doctrines and rules of practice, and the character of the most important remedies, by A. Curtis, M.D., Prof." &c. Here is Monsieur Tonson again! The idea of the compendium itself is really very good—students might have found it a convenient chart to consult; but if it is true in domestic economy that too many cooks spoil the broth, it is equally true that no dish is improved by this constantly sprinkling in of cayenne and lobelia. We do not intend to say that such is literally the case in this instance; yet the entire artillery of the authors of this great sheet of medical bugbears, is hurled at the remedies in ordinary use by the profession, with a secret hope of bringing them into disrepute. What article thus used escapes the denouncement of the champions of Thomsonism? Nothing, from the hyssop that springeth out of the wall, to the nicest combinations of the pharmacopœia.

If our indefatigable botanico-Thomsonian journalists would expend half as much strength in the beaten path of inductive science, as they do in combating principles which they either never yet understood, or wilfully pervert, their labors would be appreciated; and coming generations would pass their names onward as benefactors of mankind. But they are, unhappily for themselves, engaged in a continual warfare against an enemy who regards them no more than the rhinoceros does the tiny bites of an insect.

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*Medical Department of Laporte University.*—Laporte University is located, says the Western Journal, in the centre of an uneven region of country, viz., northern Indiana, the northern part of Ohio and Illinois, and the whole of Michigan, Iowa and Wisconsin. A charter was procured only about one year ago, and yet a class of fifteen medical students was gathered at once. Since then a medical hall has been erected. According to the Journal from whence this intelligence is obtained, the following gentlemen compose the board of medical faculty. Daniel Meeker, M.D., Professor of Anatomy, Physiology and Surgery, and Dean of the Faculty; G. A. Rose, M.D., Professor of the Theory and Practice of Medicine; J. P. Andrews, M.D., Professor of Obstetrics and the Diseases of Women and Children; Franklin Hunt, M.D., Professor of Materia Medica, Botany



and Medical Jurisprudence; J. B. Niles, M.D., Professor of Chemistry and Natural Philosophy; J. G. Newhouse, M.D., Demonstrator of Anatomy.

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*Interments in the City and County of New York, 1842.*—John H. Griscom, M.D., City Inspector of N. Y., has completed his annual report, and addressed it to the Common Council. Those who have been favored with it must acknowledge it to be a very finished public document. There is too much of it to be copied entire, and yet it grieves us not to be able to exhibit its strongest features, by re-publication. Tables could not be more methodically constructed, nor more accuracy characterize such a complicated undertaking. In 1842, the whole number of interments in the great city of New York, was 8475, exclusive of premature and still births; being 56 less than the preceding year. Of these, 4110 were white males, and 3831 white females. Colored males 255, and colored females 275. The premature and still births were 701, making a grand total of 9176 burials in 1842. A series of philosophical remarks, of thirty-four pages, demonstrates the profound attention which Dr. Griscom has given to the statistics of mortality. Finally, his reasonings on preventive sanatory measures are worthy of the immediate attention of the conscript fathers of the city, since they point the way to comfort and health, and it would be inexcusable not to be influenced by the advice of a public officer who is sound in judgment and humane in character.

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*Great Lunatic Asylum at Utica.*—From the report of the managers to the legislature of the State of New York, early in February, the following items are gleaned in regard to the conveniences of this costly institution. It is estimated that when the present building is filled with patients, 4000 gallons of water will be required daily. The water is forced by a pump through an iron tube of a two inch bore, 450 feet, to a reservoir in the attic story. Dr. Brigham, the superintendent, has a fixed salary of \$2000, besides, we suppose, because customary every where, proper apartments for his family, furniture, board, fuel, lights and servants. The present year he is to have \$500 extra, to cover the expenses of removal from Hartford. An assistant physician, Dr. H. A. Buttolph, has \$500 per ann.; the treasurer and steward the same, and the matron only \$200.

Having some months ago published a complete architectural description of the principal edifice, it is unnecessary to repeat the account. It is 550 feet in length, and with the basement, could be made, says the report, to accommodate 300 patients.

Extensive out-buildings are contemplated, exceeding an outlay of \$10,000. It seems that a farm already belongs to the establishment. The purchase of more land is recommended on account of certain advantages to be realized to the hospital.

Circulars were sent by the managers to the assessors of every town in the State, for the purpose of ascertaining the exact number and the names of every lunatic; but they have scarcely been noticed, so that no accurate returns can be hoped for at present. By the U. S. census of 1840, there were then in the State of New York, 2340 lunatics and idiots; being one to every 1038 inhabitants—the whole population being 2,428,921. Of these, 739 were a public charge. In April, 1841, the Secretary of State

announced to the legislature that the number supported by the public had increased to 803. By this time, with the reverses in business within the last two years, and the general stagnation of trade and manufacturing interests, which have utterly broken down an immense number of families, the catalogue has unquestionably very considerably increased.

For fixtures, drain, mill, and towards completing the building for the reception of patients, \$5,618 58 were paid. Furniture, \$4,419 42; attendants, assistants and laborer, \$346 80; fuel and lights, \$456 32; provisions and household stores, \$323 97; steward's current petty expenses, \$250 00; books, \$12; and miscellaneous expenses, \$272 66—making a total of \$11,699 75.

The Asylum is an honor to the State, as it evinces sympathy for the unfortunate; and posterity will cherish it with a fond regard, as a striking evidence of the benevolence, liberality and Christian spirit that influenced their fathers in its erection.

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*Ohio Lunatic Asylum.*—It appears that during the four years of its existence, 408 patients have been received. Of these, 165 have been discharged, cured; 11 have been discharged improved; 43 have been discharged as incurable, and 47 have died. The whole number of recent cases, as they are termed, that is, of cases where the disease was of less duration than one year, is 171. Of this number 122 have been discharged with their faculties entirely restored. The proportion of cures, with reference to the whole number received, is 40.44 per cent. The proportion in the recent cases is 86.02 per cent. The latter proportion shows that the danger of recent cases of insanity is little more than that of severe cases of fever.

The following passages from the Report are worthy of particular attention.

"Accumulated experience, and the progress of medical science, have established a series of facts and principles, in regard to insanity, that cannot be too widely diffused, nor too deeply impressed.

The most important of them may be condensed as follows:

Insanity is the result of some bodily disease which affects the brain.

The affection, at the *outset*, is usually *functional* only. If the disease be not arrested, the affection in most instances will become structural, and most probably permanent and incurable; so that the organ affected can never resume its proper functions as connected with the operations of the mind.

So long as the affection is *functional* it is within the reach of remedial agents, and may be subdued; and where even the worst forms of *structural* lesion subsists, the condition of the patient may be greatly alleviated by proper remedial treatment.

It is of the greatest importance that the disease should be vigorously met as early after its development as possible.

The chances of cure diminish in a rapidly increasing ratio, in proportion to the duration of the disease.

It is confidently asserted by the highest medical authority, that acute mania, when treated properly in its earliest stages, is not more difficult of cure, and has been cured in as many instances out of a given number, as bilious fever of a high grade, or any other form of severe acute disease."



*Births, Marriages and Deaths in Massachusetts.*—A principal object of this paragraph is to thank Mr. Bolles, the Secretary of State, for a copy of his first report relating to the registry and returns of births, marriages and deaths, in this State, since the act of March, 1842. It is a document requiring untiring patience in the compiler, but which can never be positively correct, till every town clerk is paid liberally for collecting the vital and necrological statistics of the town in which he resides. A new thing as it is with us, its importance can be estimated already, and posterity will acknowledge the obligations each individual is under to the registration law, if proper means are hereafter taken for its enforcement. Lemuel Shattuck, Esq., of Boston, is the man, of all others, who should be set apart by the Secretary, to collect, prepare and systematize the materials of this valuable annual publication.

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*Fiske Fund Medical Prize.*—The successful dissertation on spinal diseases, which won the Fiske prize from the Rhode Island Medical Society, by Usher Parsons, M.D., being the eighth in the series of published prize questions, is now circulated in a neat pamphlet, containing fifty-eight pages. Its title is—"Spinal Diseases, both structural and functional—their causes and treatment." Gentlemen interested in that particular branch of the profession, would doubtless consult this essay with profit.

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*Popular System of Anatomy.*—Mr. Robert S. Davis, a Boston publisher, has just issued the seventh edition of the Class-book of Anatomy, a popular treatise, designed particularly for schools, academies and collegiate institutions, although extensively patronized by the medical profession. The new, improved edition may be procured in New York, Philadelphia, Vicksburg, Miss., Cincinnati, New Orleans, and of the principal publishers in all the southern and western cities.

The experiment of introducing the study of elementary anatomy and physiology into common schools, may now be considered as having been fairly tested. No school book has ever succeeded better in this country; and the annual sales are constantly increasing, which is a conclusive evidence of the importance which parents and instructors attach to this beautiful, useful and all-engaging study. What subject can produce greater elevation of thought, than the contemplation of the works of the Creator, as manifested in the complicated organization of the human frame?

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*Medical Miscellany.*—The inmates of the Naval Asylum, at Philadelphia, have addressed a petition to the Secretary of the Navy, setting forth their grievances, in which Dr. Barton, the Surgeon of the Naval Medical Bureau, is presented in a manner not at all calculated to increase his popularity. Surely the doctor must imagine himself persecuted at all points; since, like the twelfth man on a Limerick jury, he finds that his eleven associates are obstinate fellows.—The seventh volume of the Western Journal of Medicine and Surgery is to be opened by an elaborate experimental paper by Dr. Gross, on wounds of the intestines, with engravings—it will occupy a considerable part of the three first Nos.—The Genevan Repository has a fine article on Dr. A. Grant's missionary visit to the Nestorian Christians, in the mountains of Kurdistan. Although there is

allowed to be an ethnographic interest in the doctor's theory of the descent of the Nestorians from the ten lost tribes of the Jews, it would not be difficult to show that he is altogether in an error.—A young medical student by the name of Mecedelia, of Verona, has re-discovered, it is said, the art only known to, and lost by the death of, Dr. Segato, of converting dead bodies into stone. More will be known of this directly, if true.—A medical dispensary is now in thorough and successful operation in the city of Jerusalem, which will probably lead to the establishment of a commodious hospital within a few years.—Smallpox is represented to be distressingly prevalent at New Orleans.—In the annual report of the births, marriages and deaths in Massachusetts, only 19 births occurred in Boston in 1842, according to the return!—A certain Dr. Breevort, a roving phrenologist, generally known in the country towns of New England, is advertised at the West, and people are cautioned not to tolerate his presence anywhere.—The Albany Daily Patriot is quite severe upon Dr. Hun, in regard to some fault he finds with Dr. Sewall's plates of the drunkard's stomach.—A Boston physician, of high literary accomplishments, is engaged in the translation of a foreign work on surgery.—It is stated that eleven persons have been committed to the Insane Hospital, at Worcester, Mass., who were made insane by Millerism.—It is proposed to extend the lecture term at the Castleton Medical College, to four months. The present class, says a correspondent, both in numbers and character, exceeds that of any former session.—Dr. James Macdonald is president of the New York Surgical Society.—Lady Denbigh recently died in London, under the treatment of two homœopathists—which is making a great noise in that metropolis. She had puerperal convulsions—but the remedies employed are represented to have been no better than moonshine.—Dr. Edward Hartshorn has been elected Resident Physician of the Eastern Penitentiary, Philadelphia.—Dr. Monteiro, of Rio Janeiro, applied a ligature to the abdominal aorta, immediately above the bifurcation, in July last, says report, but the patient died on the 10th day after.—From the Medical News we learn that Dr. Katoua, a Hungarian physician, communicated measles by inoculation, and by insertion of the tears of a person sick with that disease.—Dr. Ogmunsden states the case of a man who swallowed a silver tea-spoon, when in a maniacal condition, with a view to committing suicide—which one year after was dislodged from an abscess in the gastric region. The patient recovered.—M. Louis, the great Paris physician, has been raised to the rank of officer of the Legion of Honor.

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TO CORRESPONDENTS.—The communications of Drs. Ferguson, Abbe, Flint, Crosby, A. F. G., R. C. and Y., are received.

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MARRIED,—At Philadelphia, Professor Robert E. Rogers, of the University of Virginia, to Miss Fanny Montgomery.

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DIED,—In Chicopee, Mass., Dr. Amas Skeele, 93.—At Philadelphia, Dr. Edwin Shoemaker, of Montgomery county, Penn., in the 26th year of his age.

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Number of deaths in Boston, for the week ending March 18, 28.—Males, 10; Females, 18. Stillborn, 4. Of consumption, 5—peritonitis, 2—teething, 1—child-bed, 3—accidental, 1—hooping cough, 2—ulcer in the bowels, 1—erysipelas, 3—dropsy, 1—old age, 1—infantile, 1—lung fever, 2—smallpox, 1—debility, 1—canker in the bowels, 1—lesion of the brain, 1.

Under 5 years, 9—between 5 and 20 years, 3—between 20 and 60 years, 13—over 60 years, 3.



*Statistics of the Medical Profession in Norway.*—In 1840 there were in Norway 123 civil and 53 military medical practitioners, of whom only 9 (military ones) had undergone no medical examination. In 1816 the number of practitioners was only 99; in 1824, 116; in 1833, 129; in 1837, 148; and in 1839, 159. The numbers of those who had been examined were in 1816, 71; in 1824, 86; in 1833, 95; in 1837, 128; in 1839, 149; and in 1840, 177. The number of practitioners has thus increased 88 per cent. in 24 years; and the number of those after examination, 149 per cent. Since the population of the kingdom in 1816 was 900,000, and in 1840 1,250,000, it follows that in 1816 there was one physician to every 9000 persons, but in 1840 one to every 6800.—*Norsk Magazin for Lægevidenskab.*

*Prussic Acid.*—For preparing prussic acid, Dr. Winckler recommends us to put 120 grains of crystallized and finely-powdered pure yellow prussiate of potash into a tubulated retort, and to infuse it with a mixture of 240 grains of a solution of pure phosphoric acid of 1.25 specific gravity, and 480 grains of alcohol of 80 per cent.; to close the whole perfectly; then to put into the receiver 120 grains of rectified spirit of wine, to agitate the retort for twenty-four hours, and to distil after that period, aided by a good apparatus for refrigeration, and to prevent loss by introducing a hermetically adapted glass tube into the main tube, one end of which leads to the bottom of a small glass vessel, rather high than wide, and containing thirty grains of spirit of wine; and to add to the distilled liquor sufficient alcohol to cause its weight to amount exactly to an ounce and a half. The contents of cyanogen, ascertained by nitrate of silver, yielded in 100 grains of the acid 9.027 grains of cyanide of silver = 11.9868 of cyanogen = 2.0621 of anhydrous prussic acid.—*Annals of Chemistry.*

*Obstinate Constipation.*—In a recent debate, Dr. Chowne mentioned an instance in which habitual constipation in an hysterical girl aged fourteen years, gave way before the internal use of croton oil, and injections of the same remedy. She had frequently gone a week without a motion; sometimes a fortnight, and, on one occasion, a month. In the same debate Dr. Reid stated that he had found, in a case of obstinate constipation in a young hysterical girl, that the most effectual way of producing an action of the bowels was to apply seven or eight leeches to the abdomen. This plan was found to be successful when all other means had been of no avail.

*Bisulphuret of Carbon.*—Mr. J. C. Atkinson informs us that Dr. Otto, professor of medicine in the University of Copenhagen, has given the bisulphuret of carbon a trial in the following manner:—He prescribes four drops of a mixture composed of one part of the bisulphuret of carbon and two parts of highly-rectified spirits, to be taken every two hours. He also directs the affected parts to be rubbed with an embrocation consisting of one part of the bisulphuret, and two parts of olive oil. The cases in which he has mostly administered the above remedy are rheumatism, enlarged glands, &c., and he ordinarily effected a cure in eight or fifteen days. I have (says Mr. A.) applied it in one patient suffering from a neuralgic affection of the facial nerves, with decided benefit, and I leave my professional brethren to give this new chemical substance a trial.—*Lon. Lancet.*

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No. 8.

AN ATTEMPT TO FORM A PHILOSOPHICAL CLASSIFICATION OF  
DISEASES, FROM THE ACTION OF THE CONSERVATIVE  
NERVOUS SYSTEM.

By Edward J. Ferguson, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

PHYSIOLOGICAL DATA.

EVERY disease is composed of—1st. A primary impression on the conservative nervous system ; 2. The vascular action produced by that impression ; and 3d. A conservative action, which is intended to remove local disorder.

The primary impression produces—1st. Contraction of the capillary vessels, and consequent local hyperemia ; 2. Excited action ; 3. Diminished action, and passive dilatation.

The animal body is an exquisitely constructed machine ; and the impulse necessary for its action is received from external impressions, on the conservative nerves. The injury which the internal organs, necessary to life, might receive from powerful external, or immediate impressions, is guarded against by the grand conservative action, which ensures the conservative balance. Yet powerful external impressions may destroy that balance, and produce cachexia, and local disorder.

The human body is divided into a great internal system of organs, which is provided for *making* the *materia vitæ* ; and an external system, which is provided for *keeping* the *materia vitæ*, in a healthy condition ; for circulating the *materia vitæ* ; and for removing all disorder from the internal viscera (e. g., by the muscular actions concerned in respiration—in health ; and the muscular actions concerned in respiration—in disease—in hysteria, &c. ; and by the excited vascular action, in the external system, removing local hyperemia, as in ague, delirium tremens, consumption, &c.) The brain connects the soul with matter. It presides over the external system *alone*.

CACHEXIA VERA. DISEASE.

Defective organization ; and consequent aptitude of the economy to be disordered by slight impressions.

DIVISION I. Asthenic cachexia. Blood defective in quality or in quantity ; defective secretion and nutrition.

DIVISION II. Sthenic cachexia. Vascular fulness, and consequent liability of the vascular system to be thrown into intense excitement.



## CLASS I.

Primary impressions, transmitted to the internal viscera by the conservative nerves, causing intense vascular action in those organs: the conservative impressions causing intense excitation of the action of the external system.

ORDER I. Conservative impressions transmitted to the ganglia and extremities of the nerves of sensation, producing pain.

Genus 1. Without local vascular action. 1. Hysteria. 2. Headache. 3. Angina pectoris.

Genus 2. With local vascular action about the nerves particularly affected. 1. Neuralgia. 2. Rheumatism.

Genus 3. The general excited external vascular action producing disorder of the functions of the brain, forming a paroxysm; the low form of action, which invariably follows excited action, keeping up the cerebral disorder. 1. Hypochondriasis. 2. Mania.

ORDER II. Conservative impressions causing muscular contractions, and intense external vascular action.

Genus 1. With defective muscular organization. 1. Chorea. 2. Delirium tremens.

Genus 2. Muscular organization perfect. 1. Hysteria. 2. Epilepsy. 3. Ague.

Genus 3. The internal vascular actions very intense; speedily causing death. 1. Cholera. 2. Convulsions. 3. Hydrophobia. 4. Cramp of bathers. 5. Tetanus.

## CLASS II.

Primary impressions, producing intense vascular action in the internal viscera; the conservative action removing the immediate condition; but a local vascular action remains, which causes the conservative impressions on the external system to be continuous.

Genus 1. With asthenic cachexia. Typhous fever. Typhoid remittent.

Genus 2. With sthenic cachexia. Synochus. Synochoid remittent.

Genus 3. Conservative impressions on the external system, producing inflammation of the dermoidal system; or abnormal secretion. 1. Typhoid exanthematous fever. 2. Synochoid exanthematous fever. 3. Yellow fever.

## CLASS III.

Excessive evacuation, producing a suppression of the necessary conservative impressions on the heart.

Syncope.

## CLASS IV.

Primary intense impression, producing a sudden excitation of the internal vascular system; the conservative impression on the heart *intense*, so that the auricles and ventricles contract at one time.

Syncope.

**CLASS V.**

Primary impressions, causing local vascular action ; excitation of all the actions, or suppression of the proper functions of the part immediately impressed, to which the impressions are transmitted.

ORDER I. Actions excited, or partially suppressed.

Genus 1. Actions simply excited. Diarrhœa.

Genus 2. Actions partially suppressed. Colic. Dyspepsia. Dysmenorrhœa.

ORDER II. Vascular actions intense. Inflammation. Hemorrhage.

**CLASS VI.**

Conservative impressions, causing excitation of action in the external system ; especially if the conservative action has been modified by an external impression. (For example, in bronchitis, consumption, scarlatina, &c., if the excited conservative action in the external system be modified by the impression of cold on the surface of the body, by which perspiration is checked, severe diarrhœa or dropsy will certainly supervene ; unless the conservative impressions from the abdominal viscera excite the functions of the kidneys.)

ORDER I. Conservative impressions from the lungs conveyed to the external system.

Genus 1. Impressions producing muscular action. Asthma. Hooping cough.

Genus 2. Impressions producing vascular action. Profuse perspiration. Dropsy. Some diseases of the skin.

ORDER II. Conservative impressions conveyed to the external system from the abdominal viscera.

Genus 1. To the kidneys. Profuse secretion. Nephritis.

Genus 2. To the skin. Profuse perspiration. Jaundice. Erysipelas ; and various other diseases of the skin.

Genus 3. To the skin. Salivation. Mumps.

Genus 4. To the serous membranes. Dropsy. Inflammation.

**CLASS VII.**

A local impression, producing excitation of the absorbent system of the part impressed.

Ulceration.

**CLASS VIII.**

Local vascular action, causing abnormal secretion.

ORDER I. Secretion of vitiated mucus.

Genus 1. The catarrhs. Leucorrhœa. Gonorrhœa.

ORDER II. Secretion of serum into the tissues of organs.

ORDER III. Secretion of lymph.

ORDER IV. Secretion of pus.

**CLASS IX.**

Local vascular action, producing lesions of secretion and nutrition.

ORDER I. Tumors.



- ORDER II. Tubercles.
- ORDER III. Cancer.
- ORDER IV. Cephaloma.
- ORDER V. Melanosis.
- ORDER VI. Gout.

## CLASS X.

Disorganization of the nerves of a part, from defective nutrition ; or organic change produced by local vascular action.

ORDER I. From defective nutrition.

Genus 1. Gangrena senilis.

ORDER II. From softening, or other organic changes.

Genus 1. Gangrene.

The above classification, which is an extended view of the theories advanced in my "Observations on the Nervous System and the Neuroses," is of importance, not simply from the theoretical explanations, but from the practical deductions which may be drawn from them.

It is for the profession to judge whether or not my practical deductions are fairly drawn from the physiological premises.

## MECHANICAL TREATMENT OF CURVATURES OF THE SPINE.

A REVIEW OF DR. J. B. BROWN'S LATE ARTICLE ON RATCHETS AND CORSETS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed in the Medical and Surgical Journal of this week, a description of the ratchets and brass corsets used in the treatment of curvatures of the spine, with observations and strictures by Dr. J. B. Brown, I am forced to the conclusion that *truth* and *justice*, as well as the interest of the profession, demand of me a critical review and analysis of this communication.

His descriptions of these instruments, described evidently for effect, though calculated to produce, in several respects, erroneous and false impressions, deserve hardly a passing notice. I shall therefore pass on to the assertions he makes, and examine them as I think they deserve.

His first declaration is that he has witnessed the *ill effects* of these instruments ; that the effect of the corsets is to compress the chest, the heart and lungs, and all the abdominal viscera, including the uterus, and to produce suppression of the menses ; and asserts that this is universally complained of. He further states that it is reasonable to suppose that the effect would be not only to impede the functions of all the thoracic viscera and abdominal organs, but would also prevent all action in the muscles of the back, and very much limit the action of the respiratory muscles. He then asks—if these are facts, how are these instruments ever to effect a cure ?

I answer, first, that the facts in the case are widely different from what he asserts. I flatter myself that I shall be able to show conclusively to the profession, that these applications, properly applied and adjusted, are in perfect accordance with the known laws of the animal economy.

What, then, are the effects of lateral curvature of the spine? In this variety of the disease, the first effect is a slight inclination of the spinal column to one side, and, in proportion to the curve, the chest becomes depressed in its anterior and opposite sides, and the opposite front from the curve projects, lengthening the oblique diameter from the curve, and lessening the diameter at a right angle with it. This effect in the progress goes on increasing, until, as in several cases I have witnessed, one lobe of the lungs has ceased its functions, from the fact that no space exists for its expansion. The other lobe also was so much confined that life was hardly sustained, articulation difficult, and respiration a mere panting. One effect of the disease is, then, to distort the chest, and lessen its capacity, which follows from this law, that in proportion as you vary from a circle you lessen the area, or capacity. Another effect of the disease is to shorten the perpendicular diameter of the thorax and abdomen. It also throws the centre of gravity in the outer edge of one foot, and inclines the head to the opposite side from the dorsal curve. A portion of the muscles of each side are shortened, and a remaining portion elongated. It also not unfrequently produces functional derangement of the lungs, chylopoietic viscera, and uterus. All this is the effect of the loss of the balance of muscular power. What, then, are the indications? Evidently to restore the balance of muscular power, and the chest from the elliptical figure produced by the disease, to its naturally circular position. If this is done, all the organs of the body resume their healthy and regular functions, which I have witnessed in many hundred cases.

How are these desirable results to be produced? More than sixteen years since, this with me was a question of great solicitude, deep anxiety, and careful attention. To place patients upon the inclined plane for a given time each day, does not restore the chest to its natural position. And although, for the time being, it renders the spine more straight, yet as soon as removed the parts immediately assume their former position, and little more is accomplished than to increase the extent of motion in the joints of the vertebræ. It does not effect the least approach to a restoration of the balance of muscular power. The effect of this instrument, then, does not and cannot fulfil the indications. Suspension by the spine gig, being analogous in its effects to the inclined plane in all its forms, is productive of no very different results. Will not exercise, then, be the remedy? This is always proper and highly useful, so far as the general health is concerned, but it cannot, nor is it philosophical to suppose that it would, restore the balance of muscular power, or reduce the displaced structures of the body. As soon should we direct a patient with a broken limb to go through with the various exercises of the gymnasium with the expectation of restoring the limb to perfect soundness, and it would be quite as philosophical. Although exercise is highly proper and useful, and is by us always urged, yet it has no effect to restore the chest or spine to its natural positions. If we look for a moment at the philosophy of muscular action, this position must be evident to every intelligent medical man. Every voluntary muscle has its antagonist. Whatever produces motion in a voluntary muscle, necessarily produces motion in its



opponent. It is equally true that the power of a muscle does not become predominant over its antagonist by having a greater degree of power exerted in it; for if this were the case, most of the flexor muscles would predominate over the extensors and render the body useless. It is motion, therefore, and not the degree or violence of it, that preserves the proper balance of power. Therefore, all forms of exercise must necessarily do nothing towards restoring the balance of power; and although it invigorates the muscle, it is equally true that the power of its antagonist keeps pace with it. And although its force may be greatly increased, yet the disproportionate force remains the same. It cannot therefore restore the balance of muscular power, nor the displaced portions of the body to their normal condition.

Will not the spine supporter used by Dr. Brown fulfil the indication? This instrument is made so as to rest upon the pelvis, a crutch being placed upon either side extending to the axilla, upon which the arms rest, the effect of which is to raise the shoulders, producing little or no effect upon the spine, and none whatever upon the chest. It is evident, therefore, as the connections of the shoulder are merely muscular, with the exception of the sternal extremity of the clavicle, that the principal, if not the only effect, would be to elongate the muscles attached to the scapula, while the unnatural condition of the chest would not be affected. This must therefore fail, as it always has done, to fulfil the indications.

It would be a useless, and perhaps a profitless, task to go through with all the ingenious contrivances that have been invented to restore the distorted spine and chest, and which have failed to fulfil a single necessary indication.

We will now examine the effect of the ratchets and corslets, and ascertain whether their proper application is philosophical, and whether they fulfil the necessary indications. We have seen that the chest is distorted, its capacity lessened, and its form an ellipsis. To restore it to its natural position, it is absolutely necessary to apply mechanical force. Muscular force with the weight of the body has produced the change, acting mechanically upon the parts. Mechanical force, through other agents than the muscles, is the only remedy that can restore them. This is happily effected by the ratchets, properly made and applied—not the distorted things of Dr. Brown's description; and under their influence alone, health and restoration are very frequently effected. They expand the chest, enlarge its capacity, and render respiration more free and easy. They accomplish this by having their force applied to the prominent points of the chest, while all the depressed portions are left free; the result of which is to elevate the depressed portions, depress the prominent ones, restore the natural figure, and consequently enlarge the capacity of the chest. You depress the prominent portions of an elastic ellipsis, to which the chest may be compared, and the effect is to make it more circular, and thereby enlarge its area. Precisely so is the effect of the ratchets upon the chest, when properly adjusted and wisely applied. They also restore the spine to its proper position, without confining the patient to any fixed position, allowing him free exercise and motion, which is a point of no small con-

sideration. The general health is uniformly improved under their influence, which is an evidence in their favor, of more potency than all the fulminating declarations brought against them. These are facts demonstrated in many hundred cases under my own observation.

We will now examine the philosophy and propriety of the corsets. These are instruments, the ordinary form of which needs no description, and their ill effects are too well understood by the profession to require a word in condemnation of their common use. So is Desault's apparatus for broken thigh. But because a man would be a fool to wear it in health, it does not follow that he would be so when afflicted with a fractured femur. The ordinary corsets, made of cloth and whalebone, press with nearly equal force upon the depressed portions of the chest, and prevent their free expansion. They also press upon portions of the chest and abdomen, where pressure should not be allowed, and frequently produce much disturbance to the healthy functions of the system. It was therefore desirable that an instrument should be made by which all the depressed portions of the chest should be left free to expand by the regular and healthful motions of respiration, and at the same time give proper support to those points which have a tendency to protrude beyond their proper and natural condition, and also to retain the natural and proper position of those muscles whose balance of muscular power was lost, and at the same time allow their healthful and proper action, and produce a free and easy respiration. These indications are fulfilled by the use of several kinds of corsets. That imperfectly described by Dr. Brown is one. Another kind is made without any sort of metallic substance whatever. A third is made with tape, or any other suitable material, having small steel springs so adjusted as to allow of no pressure excepting upon the prominences, or on parts disposed to protrude beyond their natural position. This is equally true of the other kinds. Other kinds are used, adapted to particular cases, but it is unnecessary here to give a description of them. The two last kinds are extremely light, more so than corsets made of cloth and filled with whalebone. It may be asked why it is necessary to give this support after the chest and spine are restored by the use of the ratchets? It is a well-known law of muscular action, that if a muscle or group of muscles are placed in a fixed position, and the sphere of their motions confined within certain limits a given time, they will retain that sphere of action unless altered by force. From this law of muscular action the devotees of India fix their limbs in certain positions, by simply holding them in one position for a length of time. In fractured limbs, several weeks' confinement in one position produces analogous results known to every surgeon. Does not this law equally affect the voluntary muscles of the back and chest? Why, then, should it not be taken advantage of to fix the natural position of the spine and chest when restored, and with as much philosophy and propriety, as to splinter a broken limb when reduced?

We cannot make new physiological laws, nor can we alter what already exists. Our wisdom, then, is to act in accordance with them, and I am happy to announce that the several corsets referred to most happily fulfil



these indications, when properly used, without producing any ill results. So far from any consequences following from their use, like those which Dr. Brown imputes to them, the very opposite is the fact. They do not prevent the regular and healthful motions of the muscles of the back, much less do they produce anything like a wasting or paralysis of them or any other muscles. So far from compressing the chest, heart and lungs, just the opposite is the result. They expand the chest, and consequently give more freedom to the lungs and heart. They do not necessarily compress the abdominal viscera, nor interrupt their healthy functions, and may be worn by any person with perfect freedom from any of the effects attributed to them by Dr. Brown. The effect upon the uterus ascribed to them by the doctor is so ridiculous, that it would not have demanded a review had he not connected with it the name of Dr. Green. He asserts that Dr. G. saw four females, in one house, who wore brass corslets, and were suffering under obstructed menstruation. This is very possible. During my residence in Worcester, of about sixteen months, several hundred of my patients boarded at the Worcester House, many of whom, when they came under my care, were troubled with this difficulty. Many of them recovered under the use of the ratchets and corslets, without medicine. Others, knowing the reputation of Dr. Green, may have consulted him. It is true, however, that this difficulty does not exist in so great a proportion among this class of patients, as it does in a majority of other diseases common to females.

How, then, can we account for the fact that Dr. Brown should come out with such a list of distorted charges against a course of treatment, which, we risk nothing in saying, is nearly, if not the only one, that has proved successful in restoring the health and figure to a class of sufferers that deserve all our sympathy and kindness? A. ABBE, M.D.

*Boston, March 17, 1843.*

#### EXCISION OF TONSILS—HÆMORRHAGE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of March 1st, in noticing the treatise of Mr. Yearsley, on “Elongated Uvula, and Enlarged Tonsils,” you say he “has established that when these parts are in a state of active inflammation, they may be excised with safety and even advantage, as there is scarcely any hæmorrhage.”

On the 18th of January, 1842, I was called in consultation with a very intelligent gentleman in a case of alarming hæmorrhage from tonsils he had removed the day before, when very much enlarged and highly inflamed. At the time of the operation, there was but little hæmorrhage; but in the evening following, it came on so profusely that the physician was called and succeeded in checking it with common astringent gargles. The patient remained quiet until about the same time on the next evening, when the hæmorrhage was more profuse, and more difficult to control, and was not checked until the lunar caustic was applied over the whole cut

surface of both tonsils. It was at this time that I was called, but did not arrive until after the bleeding had ceased. The patient had now lost so much blood it was doubtful if he could survive another attack, and it was agreed, if it should return, to apply the actual cautery, and if this were not speedily successful, to tie both carotid arteries.

About the same time in the evening of the next day, the bleeding returned with great violence. The physician, who had been in constant attendance, applied the hot iron to both tonsils, and the bleeding was immediately and permanently checked, and when I arrived the patient was again quiet.

On the accession of the paroxysm the next evening, the hæmorrhagic nîsus was so great, and the tonsils so secured by the cautery, that the blood burst from the nose very profusely. This was soon controlled by astringents, and plugging the nostrils, and the patient recovered.

It may *generally* be safe to remove tonsils in a state of active inflammation, but it is certainly sometimes very dangerous; and although this case may not disprove the general principle *established* by Mr. Yearsley, yet the recital of it may serve as a caution to gentlemen, who are in the habit of performing this operation, and influence them to use the caustic, in preference to the knife, when there is a strong constitutional tendency to hæmorrhage.

JOSIAH CROSBY.

*Meredith Bridge, N. H., March 16, 1843.*

#### MASSACHUSETTS GENERAL HOSPITAL. SURGICAL CASES.

[Communicated for the Boston Medical and Surgical Journal.]

**CASE I.** *Sero-cystic Tumor of the Neck—Adherent to the internal jugular vein—Dissection of the vein—Union by adhesive inflammation—Cure in one week.*—A woman, aged 25, of ordinarily good health, though belonging to a phthisical family, perceived, one year since, a tumor the size of a bean, on left side of the neck, which has gradually increased, but rather more within the six past weeks. There have been occasional sharp, darting pains through it, especially after taking cold, at which times there is increased tumefaction and tenderness. The tumor at present is about the size and shape of a goose-egg, situated about the middle of the left side of the neck, underneath the sterno-mastoid muscle, which crosses it obliquely; it is not attached, moveable, remaining unaltered in position by deglutition or similar motions.

The operation was performed by Dr. Warren, as follows:—The tumor being pushed from behind the sterno-mastoid to its posterior edge, an incision was made through the integuments and edge of sterno-mastoid; the tumor being thus exposed, was separated from its attachments anteriorly, and being drawn out a little, was found to draw out also the internal jugular vein, which closely adhered to its posterior surface. The vein was emptied of its blood by the interruption to its course produced by drawing it out, and dissected from the posterior surface of the tumor, which was then readily removed. The tumor consisted of a collection of cysts in a



fibrous envelope, each cyst containing a serous fluid. The wound now, one week from the operation, is entirely healed, and the patient has returned home. There is some contraction of the sterno-mastoid, in consequence of the cicatrization of its fibres, which were necessarily divided, but from this, undoubtedly, she will soon recover.

**CASE II.** *Tumor situated under the Parotid Gland, pushing forward this body, taking its place, and enveloping the Carotid Artery—Removal.*—A man, aged 34, of good health and habits, first perceived a small tumor under right angle of lower jaw about three years since. This has gradually increased till the present time, though more rapidly within the last year, without pain or tenderness. The tumor, now about the size of a goose-egg, is situated behind right angle of lower jaw, being overlapped and nearly covered by the lower portion of the parotid gland.

The operation for its removal was performed by Dr. Warren, as follows:—An incision being made through the integuments, from the anterior part of the ear to the angle of the jaw, the parotid gland was divided at its posterior third, and the dissection continued to the face of the tumor. At this period of the operation there was copious bleeding, but no artery required to be tied. The surface of the tumor, of course deep, being uncovered, and its fibrous coat distinguished, the dissection was rapidly carried on till the whole anterior face of the tumor was exposed; its inferior portion was then raised and carefully dissected from the carotid artery which ran through it, and the attachment of the upper extremity to the temporal artery dissected off without cutting this vessel. The common carotid was guarded during the operation, and no dangerous hemorrhage occurred. The wound thus made displayed at its bottom the carotid artery, to which the tumor was attached, at its upper border the angle of the jaw, below the digastric, and to the outside the sterno-mastoid muscles. The wound was brought together by three fine sutures, and dressed with cold-water compresses, and adhered by the first intention, except at its inferior angle, which gave vent for a few days to a copious discharge of salivary fluid. The tumefaction of the parotid gland and consequent pain were severe, but terminated without suppuration.

*Remark.*—This tumor had somewhat the appearance of fungoid or cephalomatous substance; but being circumscribed by a regular fibrous sac, there is little danger of any return of the disease.

**CASE III.** *Fracture of the Cartilage of the third and fourth Ribs of the right Side—Rupture of the Intercostal Muscles—Protrusion of the Lung beneath the Skin and rupture of its Substance—Partial Pneumonia of the Left Side—Death—Autopsy.*—A stout, healthy man, aged 30, in the use of spirits, though not considered intemperate, while at work in an organ loft, was prostrated by the fall of a heavy drum used for the passage of the driving band of the machinery. The blow was received upon the right side of the sternum. When examined, the system was in a state of collapse. At the seat of the injury it was easy to detect a complete fracture of the cartilages of the third and fourth ribs, the ribs themselves being much separated. Between these there appeared a

tumor the size of the clenched fist, which retreating and protruding with the movements of respiration, left no doubt of its being the lung; this viscus, in fact, was directly under the skin, the parietes and muscular integuments of the chest being broken and torn through by the injury. An emphysema soon appeared over the chest and neck, and extended to the arms. The distress and dyspnœa were extreme; this was greatly relieved by a full dose of opium, ordered by Dr. Warren, and the next day he was comparatively comfortable; but he gradually sunk, and died sixty hours after the operation.

The autopsy was made eleven hours after death, by Dr. S. Parkman, in presence of Drs. Warren, Townsend, and other medical gentlemen. The emphysema still persisted as before death. The integuments being dissected from the sternum and ribs, there was observed a fracture of the third and fourth costal cartilages of the right side, the former rather the nearer the sternum; the intercostal muscles between these two ribs were torn away for about four inches, this rupture of the muscles and fracture of the cartilages leaving an opening through the parietes of the chest about four inches in the horizontal and three in the vertical direction. The right pleura contained about three half pints of coagulated blood. The upper lobe of the right lung presented a rent in its anterior surface about six inches long and three deep; the torn surfaces were covered by a thin pellicle of coagulable lymph, and the neighboring pulmonary tissue was solidified by the adhesive inflammation. On the posterior surface of the upper lobe of left lung, there existed a superficial pneumonia, extending about half an inch into the pulmonary tissue, and covering about six square inches. This pneumonia was as yet in the second stage, the tissue being granular, easily breaking down under the fingers; but a degree of greyness upon the cut surface, with a slight greyish exudation upon pressure, gave evidence that it approximated the third or purulent stage. These changes, it will be remembered, must have taken place within sixty hours. There existed, likewise, a serous œdema throughout the bronchial ramifications of both lungs.

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## THE ARTERIAL SYSTEM.

[Communicated for the Boston Medical and Surgical Journal.]

THE knowledge of anatomy is very important even in understanding the true structure of an ARTERY with its liability to disease. Artery is from the Greek *arteria*, signifying an air vessel; because the ancients, ignorant of the circulation, and finding the arteries always empty after death, supposed they were tubes containing air. Why, after death, the arteries are empty and the blood accumulated in the veins, will be explained hereafter. By the term *artery* is meant a vessel which conveys blood from the heart to the different parts of the body; a *vein*, on the contrary, is a vessel which conveys blood from the different parts of the body to the heart. All the arteries of the system proceed from two great trunks immediately connected with the cavities of the heart; namely, the *pulmonary* artery,



which arises from the right, and the *aorta*, which springs from the left ventricle. The pulmonary artery conveys blood from the right ventricle of the heart to the lungs; the *aorta* carries blood from the left ventricle of the heart to all the parts of the system, and consequently is the common source of all the arteries of the body, with the exception of those which circulate through the lungs. The arteries derived from the *aorta* contain *arterial*, those derived from the pulmonary artery contain *venous* blood, and this latter vessel is the only artery in the system which does not contain *arterial*, that is, *decarbonized*, or proper nutrient blood.

The arterial system is arborescent; that is, the branches which spring from the *aorta* successively increase in number and diminish in size as they proceed from the heart towards their ultimate terminations in the system. Each trunk commonly ends by dividing into two or more branches, the combined area of which is always greater than that of the trunk from which they spring. The capacity of the branches is estimated to exceed that of the trunks in the proportion of one and a half to one. The arterial trunk always dividing into branches, and the larger branches into branches more and more minute, it is obvious that the blood in the arterial system is always flowing from larger into smaller tubes.

The organization of the arteries is peculiar, and differs considerably from that of the veins. They are of a yellowish-white color, loose and flocculent on their external surface, but their internal surface is smooth and polished. They are composed of three distinct membranes, which are superimposed one upon the other, and which are intimately united by delicate cellular tissue. Each of these membranes is called a *tunic*, or coat, and each possesses a peculiar structure, and performs a separate function in the circulation of the blood.

1. The internal tunic consists of a membrane, colorless, transparent and thin, yet so firm and strong that it is supposed to resist more than any of the others the bursting of the artery by the current of the blood; for if, in a living animal, the other coats be entirely removed, this alone is found capable of sustaining the impetus of the circulation, and of preventing rupture from the dilatation of the artery.

2. The middle tunic, called also the fibrous and the muscular, is composed of yellowish fibres, which pass in an oblique direction around the calibre of the vessel, forming segments of circles which are so joined as to produce complete rings. In the larger trunks, several layers of these fibres can be raised in succession by the forceps, so that this coat is of considerable thickness, and it is proportionally thicker in the small branches than in the large trunks. This coat is firm, solid and highly elastic. It is the main tunic by which the artery resists dilatation in the transverse direction, which it does so effectually, that when the left ventricle of the heart propels a fresh current of blood into the *aorta*, little or no dilatation of the vessel is perceptible. The characteristic property of the fibrous coat is contractility. If it be mechanically irritated, or if a chemical stimulant, such as ardent spirit or ammonia, be applied to it, the vessel contracts forcibly upon its contents. This contractile power, which properly belongs to the muscular fibre, induced anatomists to believe that the

fibrous tunic consists of muscular fibres; but careful examination has shown that its organization possesses nothing in common with that of the muscular tissue, while chemical analysis has demonstrated that it contains no *fibrin*, which is the basis of muscle.

3. The external tunic, called also the cellular, consists of small whitish fibres, very dense and tough, interlaced together in every direction. It is much thicker in the large trunks than in the small branches, the reverse of the fibrous coat. Its outer surface is covered by a loose and flocculent cellular substance, which connects the artery with the surrounding parts, and particularly with the sheath of the vessel. Its firmness and resistance are so great, that it is not divided, however firmly a ligature may be placed around the artery; and its elasticity, especially in the longitudinal direction, is so remarkable that it has been called, by way of eminence, the elastic coat.

Arteries are themselves abundantly supplied with arteries, constituting their nutrient vessels, and called *vasa vasorum*; but these nutrient vessels of the artery, form but few *anastomoses*, that is, but few communications with any other arteries. It is essential, in tying an arterial trunk, to disturb it as little as possible, and only to expose just so much of it as is indispensable for the proper application of the ligature. In the first cases treated by Mr. Hunter for aneurism, four ligatures were placed around the diseased artery, which was divided in the intervening space. Two of these were called safety-ligatures, being intended to be drawn tight if the others gave way; but the application of these ligatures disturbed the nutrient arteries of the vessel to such a degree, that inflammation, ulceration, mortification and hæmorrhage ensued, so that those so called *safety*, were really *danger*, ligatures, producing the very evils which they were intended to avert. The careful observation of the functions of these vessels has corrected this and several other errors, and led to most important improvements in surgical practice.

The principal nerves of arteries are derived from the ganglionic, or the organic system, but with these are mingled branches derived from the sentient, or the animal system. Accordingly, under ordinary circumstances, arteries carry on their functions independently of any influence derived from the brain and spinal cord, but they are capable of being affected by agents applied to those organs. Under ordinary circumstances, and in a state of health, arteries are but little sensible; they may be irritated in living animals by the scalpel, or by the application of chemical stimulants, without affording any indication of pain. Nevertheless, in certain states of disease, there cannot be a question that they become exquisitely sensible.

Among the physical properties of arteries, the most important are their *extensibility*, and their *elasticity*. Their extensibility is in the direction of their length. If an artery be tied in two places, and divided between the ligatures, the portion which is next the heart is sensibly elongated at each contraction of the ventricle; but their extensibility in the circular, or transverse direction, is not great.

After an artery has been extended, either lengthwise, or transversely, it



suddenly retracts on itself when the extending force is removed. If the finger be forcibly introduced into the section of a large artery, the sides of the vessel re-act on the finger, and proportionally compress it. If an artery be divided in the dead body, though emptied of its contents, it maintains its cylindrical form, and preserves its capacity unimpaired. The elastic property on which these phenomena depend is common to all the coats, but it is greatest in the external, and least in the internal tunic; and it is also much greater in the large trunks than in the small branches. Elasticity, in the longitudinal direction, restores the artery to its original state after it has been elongated in the various motions of the body; in the transverse direction, it keeps the artery open, and thus maintains a free channel for the passage of the blood through the vessel, while it also assists the fibrous tunic in resisting the over-distension of the artery by the impulse of the circulating current.

The most important vital property of the artery is its contractility; that is, its power of diminishing its capacity, or approximating its *parietes*, and thus proportionally acting upon its contents. Even the large trunks possess this property in some degree; but it resides chiefly in the ultimate divisions of the arterial branches, that is, the *capillary vessels*. The main purpose of the trunks and large branches of the arteries is to receive the blood from the heart, and to transmit it to the capillary in the organs. The purpose of the capillary vessels is as various as the actions of the organs in which they terminate, and of which actions, indeed, they are the great instruments. Between the trunks and large branches of the arteries and their ultimate divisions, there is such a total difference in structure and function, that they must be regarded as two distinct sets of vessels, and the latter require a separate consideration.

Arteries, besides capillary vessels, terminate also in veins, in exhalant vessels, that is, colorless vessels, which are supposed to open by minute orifices on various membranous surfaces, perhaps in lymphatic vessels, and in excretory ducts.

The principal diseases to which arteries are liable, are inflammation, ossification (deposition of bony matter), calcareous deposition (deposition of chalky matter), and aneurism.

R. C\*\*\*\*.

*Boston, March 16, 1843.*

## CHOREA.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. R., æt. 45, of strongly-marked nervous temperament, has been afflicted with St. Vitus's dance since the age of puberty. By strict attention to diet, and avoiding causes of excitement, years have intervened between the occurrence of the paroxysms. Latterly, however, spasmodic contraction of the muscles to some extent may be observed after the patient has experienced either pleasant or painful emotions.

One of the most interesting of the exciting causes in this case is music,

which operates on the principle of "*similia similibus medentur*;" but which often requires a larger quantity to cure than produce. Any rapid tune—a "dancing tune," for instance—will throw the voluntary muscles into the most uncontrollable and dissociated action imaginable. By changing the tune to "Home, sweet home," the spasmodic twitching of the muscles gradually subsides until she becomes calm again.

Richter asserts that music has sometimes produced astonishingly tranquillizing effects in this disease. This case proves the correctness of the assertion, and likewise in part what I believe to be true, that all the sciences contribute more or less to medicine—and if it were possible that physicians could become acquainted with all science, medicine would be certain in its operation. But this can only be attained by infinite minds. And yet the idea that medicine should act with mathematical certainty upon every organ to which it is directed—that every lesion in an organ should be cured—has given countenance and support to innovations in medicine diametrically opposed to reason, judgment and common sense. It is this idea which has led men of sane minds to consult oracles, wear amulets, be stroked by the hand of the seventh son, touched by the fingers of the magnetizer and the points of the tractors—and, lastly, as if it capped the climax upon human credulity and weakness, swallow the infinitesimal doses of the homœopath. Yet all these have contributed in some way to the science of medicine—if in nothing more, they have directed the attention of the physician to the influence of the mind upon disease, and also shown him how far the *vis medicatrix nature* may be relied upon in its management.

A. F. C.

Goffstown, N. H., March 15, 1843.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MARCH 29, 1843.

*Fergusson's Practical Surgery*.\*—There will not be the shadow of an excuse, in these United States, for any one belonging to the medical profession not being conversant with the medical literature of the whole world. Books are multiplied almost beyond reckoning, and are still multiplying with rapidity. An author of respectability no sooner appears in any part of Europe, than he becomes as well known here, through the energy of the press, as in the immediate neighborhood of his residence.

There is another fact, that is really one of importance, in regard to the republication of foreign books, especially those which are strictly on medicine and surgery and their collateral branches, which is, they undergo a kind of remodelling here, under the supervision of some one who is abundantly competent to adapt them to the condition of things in America, who

\* A System of Practical Surgery. By William Fergusson, F.R.S.E., Prof. of Surgery in King's College, London, Surgeon to the King's College Hospital, &c. With two hundred and forty-six illustrations, from drawings by Bagg, engraved by Gilbert. With Notes and additional Illustrations, by George W. Norris, M.D., Surgeon to the Pennsylvania Hospital. Philadelphia. Lea & Blanchard. 1843. 8vo. 1p. 629.



makes such additions and improvements as his own genius may suggest, or which time may have developed since the first publication of the book. Hence an American edition of any scientific production, which has passed through a judicious revision here, under the careful inspection of a person of acknowledged qualifications, is superior to the original.

We know not how generally Mr. Fergusson's System of Practical Surgery may be known to practitioners; but those who are strangers to it ought not to be so any longer, since it is obvious that it is destined to work its way into public favor. George W. Norris, M.D., one of the Surgeons of the Pennsylvania Hospital, who has added notes and additional illustrations, says, in a short preface, that it "is so well adapted to the present wants of the American student and practitioner, that no apology is necessary for introducing it to their notice. The work is at once clear and concise in style, strictly practical in its contents, and the wood cuts, admirably executed by Mr. Gilbert, are remarkable for their spirit and accuracy." Dr. Norris is good authority: he is not a man to bestow commendation where it is not deserved, nor would he hazard a growing reputation by recommending to the notice of surgeons anything that would not bear the most critical examination.

In external appearance, Fergusson's Practical Surgery corresponds with that elevated class of volumes for which the house of Lea & Blanchard, of Philadelphia, have long been distinguished. The two hundred and forty-six engravings are as correct and beautiful as can be found any where. We bespeak for such a book the countenance and patronage of a liberal-minded faculty.

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*A Conspectus of the Pharmacopœias.\**—Anthony Todd Thomson, M.D., Professor of Materia Medica in the London University, is the author of a pocket volume, bearing this name, which has been so much prized that it has already passed through thirteen editions in England, and two in the United States. Its use consists in furnishing a practitioner with an alphabetical catalogue of every article used in the practice of medicine, the kingdom to which it belongs, and the various preparations made of it, its effects on the system, the dose, &c., minutely expressed in the fewest words, yet without a poverty of description. An example of the whole is presented under the article *Vinum*. "Vinum Colchici. U. S. L. E. Wine of Colchicum. R. Colchici corni 3 viij., Vini. Xerici Oij. Macerate fourteen days and strain. *Comp.* Gallate of Colchicia and Wine. *Oper.* Diuretic; Sedative; Purgative. *Use.* In gout, rheumatism, and all inflammatory affections. *Dose.* From M. xxx. to f3j. in any mild fluid." It is to all intents and purposes a comprehensive epitome, as the American editor judiciously remarks, of the science of pharmacy and materia medica, comprising an amount of information unparalleled in so small a space. Charles A. Lee, M.D., of New York, is the gentleman to whom we are indebted for this admirable edition, being the second published in this country, and therefore essentially improved. Care was taken to supply any deficiency, and to adapt it to the present state of pharmaceutical science.

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\* A Conspectus of the Pharmacopœias of the London, Edinburgh, and Dublin Colleges of Physicians, and the United States Pharmacopœia—being a Practical Compendium of Materia Medica and Pharmacy. By Anthony Todd Thomson, M.D., &c. &c. Second American Edition, much enlarged and improved. Edited by Charles A. Lee, M.D. From the thirteenth English edition. New York. J. & H. G. Langley. 1843. 12mo. p. 288.

More than one hundred pages have been actually added by Dr. Lee, and all the new remedies, by Dunglison, Wood, Bache, &c., introduced. Upon the authority of Drs. Liebig, Kane, and Thomson, a vast number of chemical compositions are also introduced. It is exceedingly difficult to point out the many advantages of this compact conspectus, so replete with useful, necessary and indispensable information. The form of the copy before us is that of a pocket-book, with an apartment, of course, for bank bills—which, if well filled, and in company with the book, would comprise no small share of what a young physician needs in order to rise to distinction—viz., available instruction, and something wherewith for procuring the necessaries of life.

*Encouragement of Meteorological Science.*—Senator Evans intimated, at the late session of Congress, in the course of his remarks upon the subject of appropriating \$2000 per annum for improving and extending meteorological observations, that Dr. Lawson, the Surgeon-general of the Army, had expressed some hostility to the design. Through the National Intelligencer, Dr. Lawson shows, most satisfactorily, that he never objected in any way, directly or indirectly, in the matter, nor would it be of the least consequence to him one way or the other, whether Congress pays Mr. Espy two, three or ten thousand dollars a year to ascertain which way the wind will blow, scientifically, a hundred years hence. Dr. Lawson says in the communication referred to:—"Whenever I am officially called upon to report whether Mr. Espy has already given me assistance, or can render any service to the Medical Bureau, or to the Medical Staff of the Army, in prosecuting meteorological observations, as contemplated by the letter of the law, I shall be found ready to state things as they are, without partiality, favor, or affection.

"I owe it to the medical officers of the army, however, to state here, that, so far as the meteorological observations have been conducted the past year, the Department is indebted to them *alone* for all the information obtained, and for all the arrangements, including the necessary directions and forms for prosecuting the observations on a more extended scale hereafter.

"In relation to the fact that I did not in my "estimates" include the salary of Mr. Espy, I have to say that it was no fault of mine.

"When the annual estimate for the salaries of the clerks in the Surgeon-General's office was about to be prepared, the first clerk of the office was sent over to the War Department to ascertain whether or not Mr. Espy's salary was to be included in said estimate. The clerk returned with an answer from the chief clerk of the War Department, "*No; Mr. Espy would be provided for in some other way.*"

Dr. Linn, the senator of Missouri, in the same debate, made remarks implying dereliction of official duty, or ignorance, of the late Surgeon-General, Dr. Joseph Lovell, which was resented by the present incumbent in a spirited manner, showing that he cannot quietly bear the name of a worthy man, now in the grave, defamed. He says that the system of requiring meteorological observations to be taken at the different military posts, was instituted by his honored predecessor, Dr. Lovell, a gentleman well known to the profession in New England, and especially in Boston.

"With the limited means at his command, however," says Dr. Lawson, "he had the *materiel* so arranged as to be available to those who came after



him; and, besides, he had abstracts made from the meteorological diaries kept at the different military posts, embracing a period of five years, and the facts, with the material deductions therefrom, were given by him to the public in 1826. These abstracts were afterwards extended under my administration of the medical department to the period of ten years, and the results, with suitable remarks on the science of meteorology generally, were published in 1840.

"In addition to the facts and observations put forth on the science of meteorology, a statistical report on the sickness and mortality in the army of the United States, embracing a period of twenty years, was also given to the public in 1840. From this statement it will be seen that, so far from the materials which were collected in the Department being permitted to 'lay waste and useless,' they have all been pretty much worked up, fashioned and given to the public, and to what extent of usefulness I leave to others to determine.

"To the assertion that a gentleman of the army (medical officer) undertook the arrangement of the matter on the files of the Department on his own responsibility, my letter to Mr. Linn and the two works issued from this office in 1840, furnish a satisfactory answer."

We are extremely gratified that Dr. Lawson has taken a bold stand in this mean business on the part of two Senators, first to accuse him of standing in the way of Mr. Espy's advancement; and second, in underrating the services and attainments of the late Surgeon-general Lovell, who lived respected and died lamented.

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*The New York Lancet.*—Inquiry is frequently made why this popular work is not now delivered in this region, as formerly. Surely, with the rapid and uninterrupted daily intercourse that is maintained between Boston and New York, there ought not to be any delays whatever in furnishing the subscribers promptly. For six weeks or more, the exchange copy has failed to come to this office; and Mr. Redding, the agent, in State street, says that no packages have been received by him for a long time, and he suggests that the *Lancet* has been stopped. If it had the great circulation that was claimed for it by its immediate friends, the idea of the earth's standing still in her orbit would not be more surprising than to suppose that it had died a natural death. If some one will explain this mystery he will relieve the present uncomfortable feeling of suspense.

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*The Magnet.*—A monthly periodical, with this name, of the large octavo form, in double columns, is published at New York, conducted by the Rev. La Roy Sunderland, which has reached its tenth No. The prospectus of a second volume accompanies this No., which begs hard for support. It is to be devoted to all the extraordinary things imaginable—a part of them, at least, being known to have sound without substance, viz., *cephology*, *phrenology*, *pathology*, *psychology*, *neurology*, *physiognomy*, *electricity*, *galvanism*, *magnetism*, *light*, *caloric* and *life*. The design is, says the reverend editor, the investigation of all the laws which appertain to human life, "and which are concerned in the production of those states of the mind called *somnambulism*, *insanity*, *dreaming*, *second sight*, *somniphany*, *clairvoyance*, and various other mental phenomena which have hitherto remained shrouded in mystery"—and which will so remain, we fear, in spite of any really scientific efforts by those who examine them

in the dim light of Mesmerism. Very many curious facts are congregated in this publication, which are worth knowing, but which are as foreign from the domain of animal magnetism, as Georgium Sidus is from the Dog star. Every occurrence in the moral or physical world, however trifling or unimportant, is looked upon by the disciples of this raging epidemic as a convincing evidence of the splendid achievements of magnetism! While the fever lasts, it is utterly useless to reason with those who delight in dragging this great Juggernaut car, freighted with a declared remedy for human woes and human imperfections. They seek controversy as the only hope of lasting distinction; and, like Mawworm in the play, they can say with truth, "*I courts persecution.*"

*Application of Alcohol in Erysipelas.*—Drs. Hatch, of Burlington, Vt., and Spaulding and Adams, of Montpelier, concur in representing that alcohol is calculated to produce harm instead of benefit, in erysipelas, as it increases the intensity of inflammation. With regard to its preventive powers, which is a vulgar opinion extensively circulated, experience has shown that no reliance whatever can be placed upon it. Nothing is more intolerably offensive to an erysipelatous patient, than the odor of alcohol, when evaporating from the face, for example. Some of the best practitioners, in other respects, still persist in the topical application of this poisonous article, notwithstanding the warning voice of nature. The hydropathists are reaping laurels daily by the simple application of cold water, in all forms of erysipelas, in the treatment of which they should be, if not already, acknowledged eminently successful.

*American Professional Representatives in Europe.*—Dr. Thos. Sewall, of the city of Washington, one of the Faculty of Columbian College, whose writings are extensively circulated, and whose reputation as a philanthropist is intimately connected with the great temperance reformation, will sail for Europe in the course of a few weeks. He will go in company with Judge Story, of the Supreme Court of the United States, the most celebrated author on jurisprudence America has yet produced. Two such representatives of the two professions of law and medicine, will be honorable to our country.

*Brass Ratchets and Corslets.*—Note from the Hon. James L. Hodges, of Taunton.—To THE EDITOR—Sir,—Perusing your valuable Journal of the 15th inst., I was particularly drawn to an interesting article by Dr. J. B. Brown, on the effects of wearing brass ratchets and corslets. From the experience I have had of them in my own family, while my son was partially under the care of Dr. Abbe, at Worcester, and was subject to the misery of them, at his instance, and from observations I have made respecting other subjects of his professional care, I have no doubt of the entire truthfulness of Dr. Brown's statements and inferences in the article to which I refer.

Taunton, March 24, 1843.

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Number of deaths in Boston, for the week ending March 25, 35.—Males, 10; Females, 25. Stillborn, 2.

Of consumption, 5—inflammation of the bowels, 1—congestion of the brain, 1—child-bed, 2—smallpox, 2—lung fever, 4—burn, 1—erysipelas, 1—croup, 2—infantile, 2—scarlet fever, 2—old age, 2—bilious fever, 1—cancer, 2—inflammation of the lungs, 1—marasmus, 1—pleurisy fever, 1—canker in the bowels, 1—hooping cough, 1—intemperance, 1—apoplexy, 1.

Under 5 years, 15—between 5 and 20 years, 1—between 20 and 60 years, 13—over 60 years, 1.



*Mesmerism.*—The following *jeu d'esprit*, purporting to be a note from Timothy Goslin to the Editor of the London Medical Gazette, is copied from a late number of that periodical.

SIR,—I feel assured that you and every friend of humanity will most heartily rejoice in the most valuable discovery which has lately been made in Germany, by which such great relief will be afforded to the numbers of our fellow creatures who are now suffering so severely in these hard times. The discovery was made by the learned Professor Phillpokkett, of the celebrated University of Puffinburg. It is well known that the Professor has been long engaged in the practice of mesmerism on a very extensive scale, while he has also been one of the great patrons of homœopathy. Now the discovery in question unites the merit of both these operations. He has found out a method of mesmerizing the digestive organs, so as to render them quiescent for as long a period as may be necessary or desirable, during which period food of any kind is rendered quite unnecessary; and when food is required, he has discovered a mode of giving it in very minute quantities, when he employs a certain process by means of which a single grain of aliment will produce as great an effect as a pound in the way in which it was formerly used. I need not enlarge upon the marvellous benefit which must be derived from these discoveries; food will now be almost superseded; it is estimated that one per cent. of the quantity hitherto used will suffice for all the real wants of the system. A laborer, who formerly required his pound of bread, or cheese, or bacon, will now be kept in perfect health and vigor by a few grains; an infinitesimal part of a beef-steak, or a mutton chop, will afford a plentiful meal, while bread will scarcely be required. The only objection that can possibly be urged against this discovery is the outcry that we must expect will be raised by the landed gentry. It will, no doubt, nearly supersede the use of corn, and amazingly diminish the quantity of oxen and sheep that will be sent to the market. But we know that they are a most selfish set, always bent upon their own interest, and quite disregarding the people at large: and, I think, they richly deserve to suffer for their unfeeling conduct. Your readers will be very happy to be informed that the Professor has made the necessary preparations for sending into this country a very intelligent pupil of his, M. Rennard, who is to act as his agent, and will give instructions in the method of putting the invention in practice. Professor Phillpokkett himself, as is well known, is a gentleman of unbounded benevolence and philanthropy, and it was his intention and earnest desire to have communicated his discovery to the world without any profit or compensation; but, at the earnest desire of his friends, he has been prevailed to accept a small remuneration for his services; and this he proposes to do by a charge of 90 per cent. upon the sum which will be saved to his patients, which will be only a fair recompense to him for the time and labor which he has bestowed upon his discovery, while he will still bestow an immense benefit upon the public. When M. Rennard arrives in England, you shall hear from me without delay.—I am, sir, your most obedient servant,

TIMOTHY GOSLIN.

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Just published in London, Second Edition, revised, Practical Observations in Midwifery, with Cases in Illustration. By John Ramsbotham, M.D., Consulting Physician-Accoucheur to the Royal Maternity Charity, &c. &c.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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SPECTRAL ILLUSIONS.

Being an Extract from a Paper published by Dr. Paterson in the Edinburgh Medical and Surgical Journal.

1.—THE subject of the first case which I shall relate is a man of spare habit of body, of industrious and extremely temperate habits, and of education superior to the station of life in which he is placed. His occupation, for a series of years, has been that of an itinerant umbrella-maker; that is to say, he makes umbrellas at home, and travels through the country afterwards selling them. On one of these excursions, after much exposure to wet, he was seized with severe inflammatory sore-throat, and afterwards with acute rheumatism. When the fever and rheumatic affection had passed off, he was left in a state of extreme debility; his digestive organs could not be brought into proper order, and he was subject to slight attacks of *tinnitus aurium* and giddiness of the head. About this time he became aware that the pages of all books appeared to him to be divided into two columns. This was especially annoying to him when he perused his larger print psalm-book, which he well knew, from long and frequent perusal, not to be divided into columns. This illusion was at first alone confined to the pages of his books, but soon everything that he looked at presented a dark, indefinite line dividing it into two halves. He has frequently pointed out to me a blank perpendicular space dividing every body, into which he said he thought he could introduce his hand. On several occasions he made rather serious mistakes, when he was able to go about and take walking exercise, by fancying that he was walking through a gap in a wall or paling, which illusion, however, disappeared upon his close approach. The most amusing, however, which he recounted to me, was an illusion which occurred to him in the streets of Edinburgh. It was among the first times that he had been able to go so far, and whilst walking along George's street or Queen's street (I am not sure which), he was astonished upon suddenly beholding the street divided in two halves, the one of which seemed to present a steep ascent, the other as steep a descent. The poor fellow said he was perfectly bewildered, yet nevertheless resolved, that, as he was going up to Edinburgh, the steep ascent was the one he ought to choose. He never fancied for a moment that this was an illusion, having never seen anything of the kind before, and fearlessly addressing himself to his journey, began to toil along the level street, as if he was going up a



hill, to the no small amusement of a variety of passengers, who appeared equally to him to be toiling up and down the ascent or descent.

Soon after he had commenced climbing this imaginary steep he discovered that he was still on level ground, and that it must be one of his illusions. This individual still enjoys very indifferent health, and not unfrequently illusions of a similar kind are witnessed by him. None have now been seen, however, for many months.

CASE II.—The next case is one of a very remarkable character ; unfortunately, however, the illusion which I am about to describe only occurred once, and that at a considerable interval of time ; but so strong is the recollection of it in the mind of the lady, that the most minute circumstances connected with it are at once recalled to her recollection ; and I may state that, from the high respectability of the lady, the authenticity of the apparition is placed beyond the reach of question.

At the period of the occurrence which I am about to mention, Miss N. was just convalescent from an attack of slight fever, which had been of some duration, and had reduced her strength considerably. On the evening on which the illusion occurred, in the month of August, all the family had gone out early to an evening sermon, at some little distance. Miss N. not being allowed to go out at the time, was left the sole inmate of the house. Her father, an infirm old man, who seldom went much from home, was also out. She knew not, however, where he was, but fancied that he had gone to church with the other members of the family. It was a beautiful evening when they left the house, the day having been very warm, and the atmosphere sultry, but they had not left very long ere some heavy clouds began to collect over head, and to betoken a storm. The anticipations from the appearance of the sky were not long in being realized, as it came on a most dreadful night of lightning and thunder, accompanied with heavy rain. Miss N. seated herself at a front window to watch the storm, which was then raging violently ; her mind unconsciously wandered upon her father, where he might be ; if at church with the rest of the family, or elsewhere. Brooding upon this circumstance, and being still rather weakly, she was consequently thrown into a state of considerable alarm.

The above minute particulars are necessary to show the state of mind in which Miss N. was at the time of seeing the illusion, as well as the causes which produced that state. I may also here mention that the lady is not in the slightest degree a believer in superstitious appearances.

Miss N., in the state of mind which I have just described, fancied that her father had been killed in the storm, and becoming very uneasy regarding him, she went into a back room which he generally occupied, and near the fire of which he usually sat in a high-backed arm-chair. On entering the room Miss N. was astonished to behold the image of her father in his usual dress and attitude, and seated by the fire-side. Not fancying that it was an illusion, she immediately thought that he had entered the house without her having heard him, and going forward to lay her hand upon his shoulder, and inquire how he had got in, and repeating the word "father," she attempted to lay her hand upon his shoulder, but

it encountered vacancy, and she retired in alarm. As she was about to leave the room, however, she looked back and still saw the figure occupy the same position in the chair. After recovering from the first effects of her alarm, Miss N. determined to enter the room again, and investigate into whether the appearance which she had witnessed might not be caused by a peculiar arrangement of drapery, or something lying upon the chair. The same appearance, however, presented itself as before, and which she now became convinced was some spectral illusion. In this belief she looked at it from various sides and corners of the room, rubbed her eyes and changed her position in various ways, and it still appeared in the same attitude. She also left the room and came back again, but still the apparition was there.

Fully half an hour might elapse from the time that this lady first saw this apparition till it disappeared. She did not see it vanish, but it was still present when she entered the room three or four times, but on the fourth or fifth it was gone. The old gentleman was in good health at the time, and had been to church with the rest of the family, from which they all returned at the proper time, the storm having by that time passed over.

CASE III.—The subject of case third is a professional gentleman of high literary attainments. His narrative of the illusions is before me, and I shall nearly give them in his own words. It is necessary to premise, however, that he is an individual of a sanguineo-nervous temperament, and possesses a very powerful imagination. I have never been present at the time of his seeing any of the illusions which I am about to relate; but on several occasions have attended upon him professionally. On one of them he had a pretty smart attack of scarlatina, which was succeeded at no great interval by a very severe attack of typhus fever. During both of these diseases the excitement of his mind was great, and the phantoms of his imagination so numerous, so varied, so vivid, as to surpass anything that I had previously seen or since witnessed.

Before detailing the particular illusions of this gentleman, it seems of consequence to premise a peculiarity of vision to which he is subject, and which consists in the power of the retina of continuing impressions, and probably also of the mind to recal them. Thus he has often repeated the well-known experiment which we have mentioned of looking at a window at some distance from the eye, and then transferring the eye quickly to the wall. He has never been able, however, to see the change of color which Dr. Brewster describes as taking place when the object itself is succeeded by the spectral impression of it.

Mr. H., too, has frequently seen, on looking at a line of lamps on a street, and then suddenly turning his eyes to a dark cloud, the line of lights continuing for a considerable time there. On one occasion, says he, "When looking at the front of the Royal Institution, by gas light, and suddenly turning to the sky, I beheld the pillars almost as distinct as when I saw the real object." These two instances may be referred to the well-known power of retaining impressions. In the following instance, however, the impression must be considered as recalled to the retina by some



unconscious mental power. When walking with a friend one evening by moonlight, Mr. H. happened to look up and beheld the vane of a single staff, having a crown on it, exactly on the lunar surface. So forcible was the impression that he directed the attention of his friend to it, and continued to look at it for a few minutes. They then proceeded onwards, and had passed a large building before they again saw the moon, when to the sight of Mr. H. the image of the crown and vane still presented itself on the surface of the moon, as distinct as the real object a few minutes before. These phenomena do not occur to Mr. H. at all times, but he has always the power, when looking at a window, and then turning his eyes to the wall, of seeing the window again on the wall.

The first distinct spectral illusion of which Mr. H. became conscious occurred in the autumn of the year 1838. He was lying on a sofa reading, being in his usual good health at the time; and that the subject could have no influence in exciting such ideas, it may be mentioned that the work in the course of perusal was De Comines's History of the House of Burgundy. On looking towards the window, through which the rays of light were entering and falling brightly on a chair placed near it, he saw a skull, and of course conceiving it to be a reality, was on the point of ringing a bell to inquire why it had been brought into that room, thinking it was one belonging to himself, which had been placed there by some of the family. He, however, rose and walked to the chair, was on the point of placing his hands upon it to lift it, when it disappeared. Mr. H. felt so startled at this circumstance that he nearly fell on the floor, and a slight giddiness continued during the remainder of the afternoon.

2d. About a fortnight after the occurrence just related, and about the beginning of November, 1838, Mr. H., when sitting in the rhetoric class room of the Edinburgh University, conversing with a friend before lecture, turned his eyes suddenly towards the window, and then on the desk, which extends along the room, and on which the light was falling at the time, he again beheld the skull. So convinced was he of the reality of the appearance that he immediately said to his friend, "I wonder what the Professor is going to do with the skull to-day." Doubtless very much to his friend's astonishment.

3d. After reflecting on these cases it occurred to Mr. H. that he had for months before seen people on the road coming towards him, and often wondered where they had so suddenly gone to. He had at the time no idea that they were illusions, but a few days' experience satisfied him of their nature.

4th. One evening, towards dusk, whilst sitting in the garden, Mr. H. rose suddenly and experienced a slight giddiness, which he was in the habit of feeling occasionally when rising quickly to the erect posture. As the giddiness went off he beheld the figure of a man, with a large blue cloak thrown around him, and standing under a tree at a short distance; the figure, in the course of a minute or two (during which Mr. H. stood gazing at it) gradually became more faint in outline and color, and disappeared. About half an hour afterwards, on gazing from the house again into the garden, under the same tree, and in the same spot, he

beheld the same figure. It occurred to him that it was an excellent opportunity for trying Dr. Brewster's test of deciding between illusions and realities; he therefore pressed the one eyeball, without producing any other effect than simply rendering the figure less distinct, but on squinting he distinctly saw the figure doubled to as great an extent as a real object, by the same process. Mr. H. immediately walked towards the figure, which gradually receded, and disappeared as soon as it cleared the shadow of the tree.

5th. I shall relate this in Mr. H.'s own words. "During my attendance at school I was in frequent intercourse with a boy, whom I shall call D——: he was, in short, my intimate acquaintance in boyhood for many years, until, by the continued dissipation of an infatuated father, the circumstances of the family began to decline, and, step by step, they became reduced to the greatest wretchedness. In the course of a few years D—— was sent to sea, as the speediest method of getting rid of him. I consequently lost sight of him for many years, until at length I heard that he had returned to his wretched home, laboring under symptoms of advanced consumption. He was attended during his illness by Dr. C., and three months after his return home he died. I was requested to attend the inspection of the body, and it will readily be believed that many reflections of a sad and painful nature occurred to me, producing an impression upon my mind which several years failed to dissipate. This occurred in 1835, and three years afterwards, the circumstances of the family having continued the same, their unhappy case was again recalled to me in the following singular manner:—One evening, at the time when I was daily in the habit of seeing spectral illusions, I was engaged in reading Tyler's Life of the Admirable Crichton for a considerable time after the rest of the family had retired for the night, and after I had finished my book, and was on the point of proceeding to my bed-room, I saw a letter lying on a side-table, which proved to be an invitation to attend the funeral of D.'s mother. This was the first intimation I had had of her death; and many painful circumstances connected with her unhappy life, which need not be mentioned here, occurred to me. I proceeded to my bed-room, reflecting upon these circumstances, undressed myself, and had extinguished the candle, when I felt my arm suddenly grasped a little below the shoulder, and forcibly pressed to my side. I struggled to free myself for a time, calling aloud 'let go my arm,' when I distinctly heard the words 'don't be afraid,' uttered in a low tone. I immediately said, 'allow me to light the candle,' when I felt my arm released; and I then proceeded to another part of the room for means to light the candle, never for a moment doubting but that some one was in the room. I at the same time felt an uneasy giddiness and faintness, which almost overpowered me. I succeeded, however, in lighting the candle, and, turning towards the door, I beheld the figure of the deceased D—— standing before me. It was dim and indistinct, as if a haze had been between us, but at the same time perfectly defined. By an impulse I cannot account for, I stepped towards it with the candle in my hand; it immediately receded at the same rate as I advanced, and



proceeding thus with the face always towards me, it passed through the door slowly down stairs till we came to the lobby, when it stood still. I passed close to it and opened the street door, but at this moment I became so giddy that I sank down on one of the chairs, and let fall the candle. I cannot say how long I remained in this situation, but on recovering I felt a violent pain over my eyebrows, with considerable sickness and indistinctness of vision. I passed a feverish and restless night, and continued in an uneasy state during the following day. I may mention that the figure was at times more distinct than at others, but always dim and imperfect. I was always able to distinguish the different colors of the clothes, and I had never seen the individual during life dressed in a similar way. In all its characters it approximated the illusions of fever more than any other which I have witnessed, and I never for a moment could have considered it a real object. It is difficult in this instance to find any other exciting cause except the pain felt in my arm, which I can now refer to cramp of the triceps muscle acting on the peculiar state of mind incident to spectral illusions, together with a powerful imagination, already greatly excited by the peculiar circumstances of the case. I may state that I have felt the same feeling in the arm since, without associating it with any similar consequences."

In connection with this gentleman's illusions, it is proper to state that another member of the family has been affected with that peculiarity of vision, by which only one half of the object is seen at a time, such as one half of a figure on the street, or, as in the case of Wollaston, one half of the name on a door or signboard. Immediately succeeding the occasions on which these phenomena occurred, the lady was always affected with violent headache, and frequently with severe epistaxis.

It was Mr. H.'s intention to have detailed to the world the numerous instances on which these phenomena have occurred to him; "but," says he, "when I reflected on the subject, I always found the illusions increased to such an extent, that they became occasionally truly alarming." Indeed, it was with difficulty that I could persuade him to write out for me short notes of the appearances, and this at a considerable interval of time after they had ceased entirely, lest they should again return.

CASE IV.—A gentleman in the south country, in the prime of life, and in perfect good health, was paying a visit one evening towards dusk to a neighboring friend. After shutting the avenue-gate, and as he was about to proceed up the avenue, the figure of a female dressed in black glided past immediately before him. Soon after, another figure, precisely similar in appearance and dress to the former, followed. Thinking that this might be some trick which the females of the house were about to play upon him, he stretched out his hand to grasp the third as she made her appearance, but, lo! there was nothing there, and, upon looking after the figure, it had vanished. Shortly afterwards, in crossing through one of the parks in the neighborhood of the house, he fancied he saw several asses grazing, and he was about to lay his hand upon the back of one of them and stroke it down, when, to his dismay, his hand encountered

nothing. They still, however, appeared for a time before him, and he tried the experiment of touching them with his hand several times.

It is probable that this gentleman (who is still alive and well) had been much exhausted by fatigue at the time when this illusion occurred to him, as it more resembles some of the apparitions of the early stage of *delirium tremens* than any that has been previously recorded.

CASE V.—I have been favored, through the kindness of Dr. Duns-mure, with the history of an interesting spectral illusion which occurred to a medical gentleman, a friend of his, and which is detailed below in the gentleman's own words.

"Some four or five years since, a middle-aged, respectably-dressed man, a stranger in Edinburgh, expired suddenly in a public omnibus, when passing along the North Bridge. The body was placed in the police office till claimed by the friends. Next day I received from the authorities the usual warrant to make an examination, and report as to the cause of death. (Rupture of an aneurism into the pericardium.)

"On entering the apartment where the body lay, clad as when in life, and attired as for a journey, I was informed of the affecting incident narrated above, and I naturally felt deeply interested by a calamity in itself so appalling, and probably most painfully eventful to others. This feeling was, moreover, greatly heightened at the time on observing more closely the features of the dead man. The countenance was remarkably open and intellectual, and its general expression pleasingly striking and attractive, even to an extreme. The impression on my mind, however, gradually wore off, and was in a manner forgotten, when unexpectedly recalled at a distant period in the following manner:

"I had been employed for a few days in writing on a professional subject, and it so happened that, of a forenoon when thus engaged, on raising my eyes from the paper, the vision of the dead stranger stood before me, with a distinctness of outline as perfect as when I first saw him extended on a board. His very apparel was identical, only that the broad-brimmed hat, which formerly lay by his side, now covered his head; his eyes were directed towards me; the peculiar benignity of expression which before struck me so much, now beamed from his countenance. In a few minutes he disappeared.

"I may remark, however, that, when the image was quite distinct, I could, after an effort of the eye, discover through its person a print of Caractacus hanging on the opposite wall."

The gentleman who witnessed the above-described illusion has had various personal experiences in connection with the subject. He is at present in good health, and was in perfect health at the time that the above illusion occurred to him.

The illusion we have just described is of a most interesting description, not only as regards the state of health in which the individual was at the time, but also as regards the illusion itself. It was simply a recalled impression, and ought, therefore, to have been placed first in the list of cases recorded in the present paper. The mind of Dr. — had been deeply impressed at the time of the occurrence, and more especially



with the peculiarity of dress and benignant aspect of countenance of the deceased. The circumstance connected with it had almost passed from his memory, until, after close mental application for some days on a professional subject, it is probable that a train of ideas, of which he might not at the time be aware, brought again to his recollection the form and aspect of the individual in whose fate he had felt such a deep interest; and, as when an individual, with a striking object before him, turns his attention upon some distant one, the recollected image of the latter, for a moment, excludes the perception of the former; so with Dr. —, the image of the deceased was portrayed before him with great accuracy of outline; nevertheless, and nothing daunted, he tried the experiment of looking at objects through the image, and distinctly saw a plate of Caractacus, which he knew to be hanging on the wall, as it were through the spectre. Thus was his experiment very similar to the one we mentioned above.

The close mental application, combined with a constrained position at the time, or probably some derangement of stomach, of which he might not be aware, was the cause of that pathological condition of the brain or membranes which had given rise to the illusion.

The last illusion which I have recorded of Mr. H. appears to me one of the most singular which has been described, or of which I am aware. In cases first, second, fourth and fifth, as well as in the majority of those on record, sight alone was the sense affected. In Mr. H.'s case, however, his vision, his hearing and touch, were equally brought into error. It must have been truly alarming when his three senses were thus deceived; and we cannot wonder that he was overcome with horror towards the termination of the illusion.

Nicolai heard the phantoms of his imagination talk to him, and some of them even addressed him at considerable length. Mrs. A., too, whose case Dr. Brewster has related, frequently heard what she conceived to be the voice of her husband calling to her by name.—*London Medical Gazette.*

#### PNEUMONITIS AND PLEURO-PNEUMONITIS.

[Communicated for the Boston Med. and Surg. Journal.]

IN New England, where pneumonic inflammations are so common and so often fatal, too much can scarcely be said on the treatment of these complaints.

When the practitioner is called early, unless the age or idiosyncrasy of the patient prove a barrier to the active treatment required, such cases are easily cured by free and repeated general and local bleeding, tart. antimony, mercury, external irritation, &c. But when the physician is called late in the case, when the symptoms have continued without the least mitigation until the powers of life have already begun to yield to the active disease under which they are laboring, when the symptomatic fever has begun to assume the typhoid character, and fatal organic lesions are about to take place, what is to be done? The time for venesection,

antimony, &c., has unfortunately passed by. In calling the attention of the profession to the treatment of such cases, the writer of this article lays no claim to originality, but believes we all need "line upon line and precept upon precept" with regard to many points pertaining to the healing art.

The effect of mercury in equalizing the circulation, and consequently its power of reducing local inflammations, is well known to the profession. But in no case are its effects more manifest than in acute thoracic disease, especially in that late stage of pneumonitis, when the powerful means depended upon at first, cannot be resorted to with safety to the patient. In order to ensure success in such cases, it is impossible to introduce the remedy into the system with sufficient rapidity through the stomach; for the case soon terminates fatally unless a sudden check is given to its progress. Large blistering plasters should be at once applied to the whole anterior and lateral parts of the thorax, and as soon as vesication is effected the cuticle should be removed and the ung. hyd. portion applied in abundance to the denuded surface, and continued till the specific effects of the remedy are manifest. At the same time the proto-chloride, in small and frequently-repeated doses, combined with the pulv. ip. comp. or opium, should be administered internally, together with occasional laxatives and mucilaginous expectorants.

Whenever the mercury begins to show its specific effects, it is, indeed, surprising how soon the severest symptoms of pulmonary inflammation give way under its influence. The expectoration becomes free—the skin and tongue moist—respiration full and easy, and a rapid convalescence may be confidently expected, unless serious organic change has taken place previous to the commencement of this course of treatment. Serous effusions within the cavity of the chest are soon absorbed under the mercurial influence combined with diuretics. In the cases under consideration no time is to be lost, and the medical man never need fear any unpleasant results from this mode of treatment. The mercurials may always be discontinued when the disease is removed or the action of the remedy fully manifest. In most cases recovery is rapid and complete, if we are permitted to see the patient as soon as the fourth day of the disease. After that period such changes of structure have usually taken place as to put the case beyond the power of medicine to relieve, especially if the attack be of the most acute kind. The writer of these remarks is firm in the belief that many valuable lives are lost by this disease, that might be saved by vigorously adopting the above mode of treatment.

Dr. Stokes, with some other writers of the present day, is of opinion that the specific effects of mercury are manifested as the "result rather than the cause of the reduction of disease." As mercury is ordinarily administered, the above remark of Dr. S. may hold true, for what practitioner is to be found who has not seen the "vacillating" effect of the remedy when given in the usual way? If introduced into the system with sufficient rapidity, we shall seldom be disappointed with its effects, our main reliance being upon its reception into the circulation by cutaneous absorption.

WILLIAM BROWN.

*Chester, N. H., March 20th, 1843.*



## NEW METHOD OF TREATING HERNIA.

[ALTHOUGH the following communication is anonymous, its historical character induces us to give it insertion. The name of the inventor of the new, and, as it appears, unrevealed method of accomplishing a radical cure, constitutes another claim to notice; but it is lamentable that a professional man, who might secure a permanent distinction by an achievement so important in the annals of surgery, has obliterated all claims to the gratitude of philanthropists, if it is true that a *patent right* locks it up from all, save those who purchase the privilege of using it. Mention was made in this communication of a medical gentleman in Boston who practises upon this novel system; but knowing that any gentleman of the regular medical corps would have just cause for offence were his name coupled with nostrums, secret remedies or patent-right practice, particularly from an anonymous source, we have wholly omitted that part of the paper on our own responsibility.]

The subject of hernia is one of much interest, and has claimed the attentions of the world for a long period of time. It is in itself a troublesome complaint, frequently dangerous, and sometimes destroys life. Frequent attempts have been made for a radical cure of this evil; but these attempts have always failed. Men, after all, have had to be contented with palliations, and support their infirmities as well as they could. And so we have gone on from the days of Noah, so far as we know, to the present time.

Surgeons, in every country, of active minds and ready hands, have exerted themselves to remove the troubles of hernia. Sharpe, in England, employed a method from which he thought he had reasonable hopes. It consisted in the application of the actual cautery to the integuments covering the abdominal ring, by which he hoped to produce a condensation and contraction of parts sufficient to prevent the escape of the abdominal contents. All his endeavors, however, failed of success. After him Scarpa, in Italy, paid great attention to the subject. He had fine opportunities for observation, made a good use of his practical experience, wrote more largely upon his favorite subject than any other man, and left it where he found it. Lately, the subject has received a large share of attention in France, and especially at the Hotel Dieu. M. Velpeau, a surgeon of great celebrity, has brought his fine powers to the subject. He has attempted a new method of cure by making an incision in the integuments over the ring, and performing such other operations upon the parts beneath as he thought judicious. He has, however, essentially failed.

Since the failure of M. Velpeau's endeavor, new trials have been made in England with hopes of accomplishing this important object. Instead of incisions, the gentlemen of that country have employed stitches, hoping to bring on such inflammation and condensation of parts, as should be necessary for success, but their endeavors have been to little purpose.

Trusses of various construction have been employed from time immemorial, in order to palliate what they could not cure. They have been

infinitely varied in their form and size, and new inventions have been thrown upon the public, until they have literally become an evil; and we are happy to say, that they will not much longer be needed.

It has been reserved for this country to accomplish what the rest of the world has not been able to do; and much credit is due to the gentleman who offers us this new mode of treating hernia. The method of cure consists of an operation, which is attended with but little pain, and is simple and not difficult of performance. The parts, however, upon which this operation is performed, are very important, and the operator should be well acquainted with their anatomy. He should know when and where to begin his work, and when and where to end it.

The inventor of this new method of treatment is Professor Janes, of St. Louis. He has patented his instrument, and, of course, the manner of using it.

Y.

*Boston, March 17th, 1843.*

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#### OBLITERATION OF THE SAPHENA MAJOR VEIN.

[Communicated for the Boston Medical and Surgical Journal.]

I HAVE recently obliterated a portion of the "*saphena major*" vein for a troublesome ulcer on the leg, with success, and in the following manner: The patient is a stout, healthy man, 22 years old. The *saphena* was varicose from above the knee some three inches or more, through all its divisions below. On the inside of the knee it was greatly distended, forming a complete *cul-de-sac*. The ulcer above the ankle had existed two years, and had resisted the usual means of laced stockings, bandages, &c.

The operation consisted in passing a pin, necessarily a long one, underneath the vein in the thigh, about three inches above the knee. A ligature of moderate size was looped around the pin with a single knot, and drawn sufficiently tight to interrupt the circulation. A large surgeon's needle was then passed through the vein, inclosed in the loop, to wound its internal coat—and when withdrawn the operation was completed by the hare-lip suture. Another pin was passed two inches below the knee, in the manner described above.

Considerable pain for a few hours followed the operation, but no inflammation ensued except in the space between the pins, and this was dissipated by an evaporating cloth, dipped in spirit and water. In three days the entire contents of the vein between the pins was absorbed. The upper pin was drawn on the fifth day, and the lower one on the sixth. There was some ulceration about the pins, which healed readily. The ulcer on the leg disappeared spontaneously, and the skin resumed a healthy complexion, and at the end of "one little month" the patient is at his labor as a carpenter.

JOSEPH H. FLINT.

*Note.*—The ligatures should not be drawn so tight as to endanger sloughing, nor the pins suffered to remain so long as to produce ulcera-



tion. In the above case I think the pins might have been drawn the third day.

*Springfield, March 15, 1843.*

#### DR. HAMILTON'S VALEDICTORY.

[We present a few more extracts from the address of Dr. Hamilton, delivered at Geneva, N. Y.]

##### PERSONAL APPEARANCE.

Need I say to you, that it pertains to your interest to be gentlemen in your general address and attire. Foppery is contemptible, and a vain affectation of singularity in dress. The man who copies, with servile accuracy, every change of fashion, and the man who aims at universal eccentricity, are antipodes; but alike fools in the estimation of all sensible men. But physicians, mostly, are to be censured for an indifference to dress, rather than for an ambition to be fashionable or eccentric. This is probably most true of those who practise in the country. It is difficult for those who ride much over roads rough and miry, through rain and storm, by night and by day, to pay much attention to their toilet; nor is it expected. But is it not true that city as well as country physicians often slide into habits of personal slovenliness, not warranted by the exigencies of their case? And sometimes have even erred so far as to prefer the ragged and thread-bare vesture of the humblest plebeian, and have practised, in their conversation, the most low and infamous scurrility; having persuaded themselves that in a Republic it is the true passport to the confidence and patronage of the people. But they have committed the unfortunate and capital mistake, of adopting slovenliness and blackguardism, instead of plainness and courteous familiarity.

Another established law of domestic police, these errorists have not learned, viz., that the ladies, and not the gentlemen, generally select the medical attendants. And who would stand in judgment before this tribunal with unwashed hands, or garments soiled? We appeal to them, now in your presence, to attest, whether in their creed, cleanliness and neatness, no less than a high and strict gentlemanly bearing, are not cardinal virtues, and whether in selecting a physician, their absence would not prove an insuperable bar? Gentlemen, you do well to take heed to this lesson.

##### TRICKS FOR CREATING A REPUTATION.

Others entertain their patients, on every occasion, with curious cases and remarkable cures, in their practice, among which, fortunately, are not a few bearing an exact resemblance to the features of the case in hand.

Others, again, are forever yawning, and complaining of the loss of sleep and fatigue; an illy-conceived plan of boasting of their practice without seeming to have designed it.

And yet others, less wary, do never hesitate, openly and publicly to proclaim, to whomsoever they meet, the incredible extent of their busi-

ness. Wherever they move they seem enveloped in a cloud of pestilence, and their approach is heralded by the most fearful accidents and calamities. Now on foot—now on horse; yet ever posting, like Gilpin on his merry wedding-day, they fail not to arrest the attention and wonder of all the peaceable inhabitants.

These are all “tricks of the trade,” which you will hold in just contempt. They are too shallow not to be exposed, and seldom fail to excite ridicule and disgust, rather than admiration or surprise. If any are snared by such devices, they are generally those whose patronage is not worth the trick.

As a precept of value, let me enjoin upon you strict attention to your office. “Keep your office and your office will keep you,” is an old and just maxim. You are not indeed to shut yourselves within your cell, and, like Diogenes, with cynical indifference avoid all who approach you. Neither are you to obtrude yourselves officiously at all places, or seek acquaintances at shops or coffee-houses. The friends made at such places are neither valuable nor permanent. I rejoice in the free and social chat, and the unrestrained merriment of an hour when ennui, or its parent dyspepsia, gripes my spirits; but such recreations must be enjoyed moderately and with discretion: “*misce stultitiam consiliis brevem.*”

#### AN IMPORTANT LESSON.

Be uniformly courteous to rival practitioners. Never permit a word or intimation to escape your lips, reflecting upon the professional character of a brother, unless he is fully shown to be unsafe and unworthy the confidence of the people. You will soon be a participator in all the many and inevitable vexations and trials of those who practise our art, and you should feel towards them as kinsmen and fellow-soldiers—bound by the same ties—liable to the same misfortunes, and engaged in the same great enterprise of doing battle with the king of terrors. With them you are to stand in the post of peril, when the arrows of death fall thick around you, and meet the foe, hand to hand and hilt to hilt. Physicians, let me remind you, are of all persons most sensitive to any imputation upon their reputation; their professional fame they hold dearer than life: for, of all men, save only the ministers of Christ, their responsibilities are greatest. Who would not feel a glow of honest indignation, and a rising of soul which could not be suppressed, if accused of having sacrificed the life of a patient, through ignorance or neglect—perhaps a brother, or a sister, or a wife? Such a vital thrust would make the very heart quiver and struggle, to burst from its casement; and the emotions could no more be repressed than the heavings of a volcano. Herein we only confess that we are human, and “subject to like passions with other men.”

#### STUDY AND OBSERVATION.

In study be unremitting, remembering that the sciences of medicine and surgery are progressive, and if it is possible that you have mastered all of each which is to-day known, to-morrow will add new discoveries with which you are bound to become acquainted. If you relax in your



industry, a few years will leave you far in the rear ; and at length, like some ancient and obsolete volume, with broken back, covered with dust and cobwebs, you will rest in your quiet niche, without value, except as a reference for the antiquarian. Let not your years pass as in a vision, until, suddenly aroused by the concussion of some unusual event, you look back, and, astonished, find days, months and years forever gathered to the past ; but labor diligently, lest the evening approach when but half your work is done, and you are too late reminded of duties neglected or unwisely deferred. I have seen the brow of ripened manhood clouded, when reflecting that his morning of life was passed, and that his sun was high in mid-heaven : hitherto he had only been surveying the ground, and collecting the materials wherewith to build—not a stone was laid, nor a beam adjusted, in that vast edifice which he was preparing to rear. I have seen the old man sigh and mutter, that life was ended ; that his eyes were so untimely darkened, and his limbs so vexed with shivering palsy, that he must crawl into his grave and die, before he had accomplished a tithe of all he had designed. But how calm and even, and ever ascending is the path of him who takes all note of time, and fills each cycle in his daily flight ; with steady pace, he presses onward, and each day reaches another step along the rugged acclivity of fame. Yet I would not wish you to seem to advance too rapidly, lest stepping incautiously upon a loosened fragment, you are hurried precipitately to the bottom. It is by slow and gradual increment that the clearest crystals are formed ; and the lofty oak, monarch of the forest, was for many years an uncommonly dwarfish shrub—the sport and ridicule of all those rapid and exuberant growths, over whose broken trunks he now spreads his regal branches. In science, as in civil economy, a rapid rise, based upon credit and speculation, never fails to end in losses and bankruptcy ; but whoever each day adds one fact to his previous stock, and so digests, analyzes, and arranges this, as that it may be always used when occasion calls for it, has no reason to be discouraged. His attainments will soon claim notice and respect, and he will, ere long, rival the scholarship of the most learned.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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 APRIL 5, 1843.

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*Eastern Asylum, Williamsburg, Virginia.*—It behooves our friends of the Yankee insane hospitals to revise their rules for ascertaining their proportion of cures, or they will soon find themselves in the back-ground as far as the *statistics* are concerned. Some person has sent to our address "The [First ?] Annual Report of the Physician and Superintendent of the Eastern Asylum in the city of Williamsburg, Virginia, for 1842." The following extract presents a view of the success of this institution. For the Italics we are responsible.

"I have *selected*, therefore, as a measure of our success, the cases admitted in [into] the institution during twelve months, that is, *during the year preceding the last six months*, and in the statement of their recoveries, have, as it were, summed up the results of our treatment during the *last eighteen months*: in this length of time giving *also* a fair opportunity to each case to be properly acted upon by the treatment. [We would respectfully recommend to our friend, Mr. Shattuck, of the Statistical Association, as the deepest skilled of any gentleman of our acquaintance, to expound and elucidate the data above, on which premises the results hereafter to be presented appear to depend.] Of recent cases, Sir William Ellis, the late Superintendent of the Middlesex Asylum at Hanwell, stated that he cured about 90 per cent.. Dr. Burrows, who was also celebrated for his success, cured 91.32. In the Massachusetts State Hospital, under the superintendence of Dr. Woodward, from the year 1833 to 1840, the cures amounted to 87.25; in 1840, the amount [proportion?] was 91.25. But the instance quoted in nearly all the late British writers on insanity, who appear to regard it as the highest known to them, is taken from Capt. Hall's Travels in America. He mentions that in one year 21 out of 23 recent cases recovered in the Hartford Retreat, or 91 3-10: this institution has arisen in its proportionate number even above this. *But we find that in none of these instances above given, does the success reach that which thus far has been obtained in this institution: for, as we have observed above, 12 out of 13 have recovered, or 92.3.*"

"But, moreover, apart from its recovery, there was scarcely a favorable case among the twelve." The thirteenth man died, or else the ratio would have been 100; another was monomaniac with paralysis, of so unpromising a form that Sir Alexander Morrison observes, that in his extensive practice he had only met with one instance of recovery; three others were instances of *acute dementia*. [?]

"From such facts as the above, I am led to believe that there is no insane institution" the Retreat continues, "either on the Continent of Europe, or Great Britain, or in America, in which such *success is met with as in our own* [!]. There must *perhaps* be always some recent cases which defy all treatment, and what is gained in the number of recoveries one year may be lost in the next. But I think we may conclude, from what has been remarked, that a patient stands as fair prospect of recovery when brought to this institution, as when carried to any other in the Union."

In verity, the Report is safe in this conclusion, under the extensive facts presented. We believe that even in *favorable cases* few institutions have been able to cypher up so high a *figure*; how then could they try to do so if they had "scarcely a favorable case" amongst their recent cases? In our opinion the heads of the various institutions at the North will at once succumb and acknowledge themselves beat, as did the racoon when the redoubtable Capt. Martin Scott appeared at the foot of his tree armed with his long gun—long bow, we had like to have written.

While we rejoice in the success of this institution and its remarkable and unparalleled *cures*, or recoveries as they are usually styled at the North, the recommendation on the next page meets our full concurrence: "We *think*, that besides the bedding, most of the rooms should be furnished also with a *bedstead*, chair and table."

Our report, perhaps, lets us into the secret of the cures of these unfavorable cases. We admire that "*his utere mecum*" liberality; which



would not confine the use of new and valuable methods within the circle of one's own practice. "We shall go on," observes our reporter, "to mention the medical means most generally employed in this institution. These are narcotics, tonics, purgatives, counter-irritants and baths. The narcotic which we have used most frequently, and from which we have derived most benefit, is opium; or, what is similar, the acetate, muriate or sulphate of morphia. Of the former, we have used in general from six to twelve grains, and of the latter from one to two grains, thrice daily, *beginning with a smaller dose*. [We trust so; thirty-six grains of opium in a day to a subject not taught opium-eating, would be very likely to bring about "that sleep that knows no waking."] We have also employed opium in one or two cases, in a manner that we believe is peculiar [and which we would hope may be patented] to ourselves; that is, mixing it with tobacco and causing the patient to smoke it; *internally, we use its solution in brandy.*"

From these extracts, the character of a document from what we suppose to be a State institution of Virginia, may be drawn. Every page appears to be obnoxious to equally severe criticism, *mais le jeu ne vaut pas la chandelle*.

The writer, we should have but little doubt from the internal evidence, is quite a young man, one who is evidently not without zeal and talent, and who shows in his quotations that he has read the modern works on his subject. The regret is, that he should not have submitted his manuscript to some judicious friend, who would doubtless have advised him to strike out everything which sounds like self-praise. He may rest assured that if he is one of the happy few born to be an inventor of means of usefulness, the world will not be less slow to find it out because he declines to blow his own trumpet. Before he shall have reached the middle of life in the service of the insane, he will probably find that all patients who *seem well* are not radically cured; that *the inordinate use of narcotics will stupefy more maniacal subjects into dementia or impaired faculties* than will be restored to original soundness; and in mental as in other forms of disease, the older he grows the less confidence will he feel in his own abilities in curing. *Nature cures*; the medical man sees that she has a fair field for her efforts, and the patient *recovers*.

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*Neurology in the American Academy of Arts and Sciences.*—An amusing story is circulating over the city in regard to some recent exhibitions in this last of the wonderfals, before a large committee of that venerable institution. It seems that Dr. Buchanan solicited an opportunity to demonstrate his discoveries before the Academy. A committee of ten was raised, of which an eminent citizen served as chairman. Four tedious sessions were wholly devoted to hearing and seeing whatever Dr. B. might be disposed to communicate or exhibit. The last meeting was too much of a farce to be any longer endured, without subjecting the grave and learned gentlemen to the hazard of being called a council of asses. They broke up in disgust, says report, when Mrs. F., of Mesmeric memory, was brought before their scientific honors, as a *remarkably impressible subject*. The organ of calorification was touched, which ought to have raised her temperature to summer heat, according to the new system; but mistakes will happen in the best-trained families—a fact that was curiously illus-

trated in the case of this accommodating lady, whose mercury, instead of rising, fell rapidly to zero, and she began to shiver beautifully, notwithstanding the calorimeter of her noddle was vigorously plied by the right good will of the doctor! A pamphlet is to be published, we understand, under the authority of the Academy, in which the interviews between Dr. Buchanan and the Committee will be minutely detailed, besides containing the opinions of the Academicians on the merits of the discovery of neurology and the claims of the discoverer to the attentions of scientific men.

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*Mortality of the City of Lowell.*—In past times we have commended the very fair and acceptable manner in which the bill of mortality of Lowell is constructed. Without being technically obscure, it is scientific in nomenclature, and it has always been exceedingly neat in its typography. The whole number of deaths in 1842, was only 473. In 1840, the population was 20,981. An increase must have been made since that period; but admitting the population to have been stationary, the present table shows that the city of Lowell, the acknowledged Manchester of America, is favorable to health and longevity. Pulmonary consumption produced the greatest number of deaths of any one disease, 70; and typhus fever the next, 43.

A. D. Dearborn, M.D., the city physician, has appended the following observations to the last bill of mortality, which are exceedingly creditable to him, and speak well for his professional qualifications. He is not only a philanthropist in the truest sense, but sufficiently independent to suggest measures that would materially affect the pockets of landlords, without fearing the loss of his office.

"During the past year much has been done in the prevention of disease, and it is to be hoped that there will be no abatement in extending the improvements in progress for this object. The city government, however, cannot do every thing demanded for the better health of the city, unaided by individuals and a correct public sentiment. One abundant source of disease is found in the crowded, imperfectly ventilated dwellings, occupied by the poor in the west part of the city, and particularly in the basements, where the occupants are constantly exposed to a damp and vitiated atmosphere. Few are aware, who have not visited these cellars, of the large numbers who occupy them, and of the many discomforts and dangers to which they are exposed. These basements should never be rented as dwellings. Our citizens are urged to an examination of this subject. Lowell is distinguished for her liberal contributions to relieve foreign suffering, and to elevate those in other lands; but would not her philanthropy be equally deserving of commendation, if mainly confined within her own limits, or at least, if much more directed to the improving the condition of her own poor. It will be perceived that I speak not with regard to any supply of food or clothing—any extreme want of these the Overseers of the Poor can remedy—but there are other and far more grievous evils which call loudly for correction.

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*Sarsaparilla.*—Medicines, like fashions, have their advocates and their day. Just at this juncture, pills and sarsaparilla are in vogue. News-



papers are laden with certificates that are disgusting on account of the miraculous cures which the proprietors of quack medicines pretend to have effected. Notwithstanding the fact that the reflecting part of the community understand the unblushing knavery that is practised by the manufacturers, agents and venders, they are outweighed in numbers by the duped consumers, who make the fortunes of those who cheat them out of both health and money.

In the preparations of sarsaparilla, however, there are some individuals who are morally honest, and who are commended by the profession, and receive their countenance and influence. Mr. A. H. Bull, of Hartford, Conn., conducts the business on a large scale, and seems to deserve patronage. There is no secret in the matter—no disposition to force a nostrum into market. We are assured that his compound extract is made from the best materials, and the active properties of the sarsaparilla extracted with diluted alcohol, which is evaporated by a water bath, at a low temperature. To each fluid drachm of the extract, there is added one fourth of a grain of iodine, in the form of a syrup, with one grain of the hyd. potass.

When a druggist thus openly announces his method of preparing an article as extensively used as this particular composition, and physicians of known integrity recommend it, we are bound to think well of it. If there is any difficulty in respect to our belief in its efficacy, it arises from the circumstance that too much is assumed to be executed by it. That in several chronic affections, it is an efficacious remedy, is not questioned.

Dr. Corbett, our Canterbury friend, has manufactured large quantities of sarsaparilla, which the New-Hampshire physicians prescribe with confidence, it seems, from the many commendatory notices some of them have given of its utility. R. P. J. Tenny, M.D., Loudon; J. S. Elliot, Pittsfield; Thos. Chadbourne, M.D., Wm. D. Buck, M.D., T. H. Haynes, M.D., Concord; and Josiah Crosby, M.D., of Meredith, are gentlemen whose testimony is not to be called in question. Although once informed of the process of making Dr. Corbett's concentrated sarsaparilla syrup, we cannot recollect the particulars, but think it not essentially different from the Hartford preparation, with the exception that it has no iodine in it.

Bound, as we are, to raise a warning voice against the abominable traffic in secret medicinal compounds, when an open, generous course is pursued like those alluded to in the foregoing observations, medical men are at once able to decide upon the value of the article, if it has any intrinsic value, and to make use of it; and it is gratifying, also, to discover that dealing in drugs does not universally overcome a sense of moral responsibility.

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*Virginia Medical Prize Question.*—Another opportunity is presented to the persevering medical scholars of the U. States, for writing an essay on a subject that cannot fail of being serviceable to the profession. There is ample scope for those who may desire to investigate the subject of the modern treatment of fevers, or clear up obscurities, if any exist. The following note from an official source explains the object of the Medical Society of Virginia.

"The Medical Society of Virginia offers a gold medal for the best essay on 'The Value of Opium in the Treatment of Febrile Diseases.'

"It is required that the essay be sent in by the 1st of October, 1843, and be addressed, post paid, to the Corresponding Secretary. Each essay to be accompanied by a sealed note, giving the name of the author and the post office through which to communicate with him." F. MANN,  
Corresponding Secretary.

*Mistake in a Name.*—MR. EDITOR,—Will you be good enough to make the following correction of the report of the medical graduates in Harvard University, March, 1843. Willard Wild Codman for William Wild Codman.

*Medical Miscellany.*—Dr. J. King was announced to lecture at New Bedford, on animal magnetism. Lecturers are increasing on that subject—on account of its being a cash business.—Epidemic erysipelas, which has been marked by a distressing fatality in the northern parts of Vermont, is now gradually disappearing. All the new cases are represented to be of a mild character, and yield more readily to medical treatment.—The fossilized bones of a non-descript animal are in New York, which were dug up in Clark county, Alabama, about a year ago, and are very complete. The animal is supposed to have been 70 feet in length—and it is proposed to call it the zygodon. The bones are to be sent immediately to London.—Dr. Lewis amputated an arm on Thursday last, in consequence of diffused inflammation of the cellular membrane, without tourniquet.—Dr. Bartlett's valedictory address to the graduating class of Transylvania University, 1843, is much valued by his New England friends.—Dr. Pitcher has been elected Mayor of Detroit.—Eighty-three students were graduated at the University Medical School in New York, the other day. Dr. Mott delivered an excellent address, and in the evening the students partook of an elegant entertainment at his house.—La Pressa states that Dr. Ennemosea, of Munich, has just performed two extraordinary cures by means of animal magnetism. He succeeded, after an attendance of only eight days, in restoring the hearing to two persons who had been deaf during ten years. Last winter he cured, by the same treatment, a man of insanity whose recovery had been despaired of.—In consequence of the unusual mildness of the winter in Russia, and the continued rains, especially at St. Petersburg, fevers have raged extensively and violently; and scurvy, too, has been prevalent.—At Hastelpool, Eng., a woman in a violent rage, while making a charge against another woman before the police, dropped down dead.—In consequence of overworking children in manufacturing establishments, one quarter of the inhabitants of Lille, France, it is said, are so decrepid that not a man could be found, from 20 to 24 years of age, of sufficient size, strength and health for a soldier.—Dr. J. L. Day is the present Colonial physician at Monrovia, Africa, assisted by two colored physicians, who have had good opportunities for practice.

Number of deaths in Boston, for the week ending April 1, 30.—Males, 11; Females, 19. Stillborn, 2.

Of consumption, 4—old age, 2—cancer, 1—child-bed, 1—burn, 2—disease of the heart, 1—small-pox, 2—disease of the brain, 1—bronchitis, 1—dropsy in the head, 1—intemperance, 1—drowned, 2—infantile, 3—lung fever, 2—inflammation of the lungs, 1—marasmus, 1—dropsy on the brain, 1—paralysis, 1—fits, 1—bilious fever, 1.

Under 5 years, 14—between 5 and 20 years, 4—between 20 and 60 years, 8—over 60 years, 4.



*Employment of Ice in Hernia.*—The experience of Dr. Trusen, of Posen, goes to establish ice, administered internally, as superior to any other known agent for producing the cessation of the sickness and vomiting in strangulated hernia. A case of this nature occurred under his care, in which the hernia was of considerable size, and had been strangulated for some hours. The patient refused to submit to an operation. The vomiting and pain were irrepressible for any length of time by general or local bleedings, the external application of ice to the tumor, warm baths, during which the taxis was attempted, purging lavements, &c. At length Dr. Trusen administered clysters containing pieces of ice as large as a hazel nut or almond, every five or ten minutes, consequent on which not only the vomiting ceased, but a copious evacuation of the bowels took place, and the hernia was spontaneously reduced. The sudden shock given to the system by the employment of ice in this way seems to be in no wise injurious; indeed, the diminution of the morbid sensibility in the stomach, &c., is the most conspicuous of the symptoms following its use. Dr. Trusen recommends the invariable adoption of ice in a similar manner, without loss of time, on the occurrence of strangulation in hernia, by which means a surgical operation might, he says, be often rendered unnecessary. He adds, also, that the same method of employing ice is attended with like advantage in subduing the vomitings which accompany an attack of cholera.—*Hufeland's Journal*.

*Tracheotomy.*—Mr. Linnecar related a case, at a late meeting of the Medical Society of London, in which tracheotomy was successfully performed in a case of chronic laryngitis. The patient, a lady aged 40, had apparently suffered from a cold and hoarseness, which increased in severity until breathing became no longer possible, when an incision was made in the trachea and a tube introduced. This was retained six days, when the respiration had become free and the voice natural. There was no evidence of disease beyond the larynx. Mr. Pilcher stated that the operation was generally unsuccessful in infants; he had performed it on two, one with croup and the other with a foreign body in the air passages, both of whom died. Dr. Marshall Hall mentioned a case in which the operation was performed on a child, who died from the hemorrhage it produced. Dr. M. suggested that the operation might be useful in cases of apoplexy, in which patients sometimes die from impeded respiration in the larynx.

*The Mammoth Cave a Winter Resort for Invalids.*—We understand that our enterprising friend, Dr. Croghan, continues unremitting in his efforts to make this celebrated cavern a comfortable winter residence for persons affected with pulmonary disease, and who are unable in autumn to migrate to the South. We have been told of a medical gentleman, who spent several months within it, and came out greatly relieved of a pulmonary disorder—the particular kind was not mentioned to us. We hope that other physicians, who may labor under affections of the lungs, and do not reside at a convenient distance, will be induced to try its effects. Patients not of the profession, need not hesitate to go thither, on account of its involving a separation from their physicians, as Dr. Croghan spends most of his time there, and is well qualified to give them advice, although not now in the practice of his profession.—*Western Journal*.

T H E

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M. ROKITANSKY ON PNEUMONIA.

AFTER a brief but comprehensive description of œdema of the lungs, Rokitansky proceeds to the important section on pneumonia, of which he makes four varieties, namely, croupous (ordinary or plastic pneumonia), typhous, catarrhal, and interstitial. The following are some of the more remarkable passages.

The difficulty of distinguishing simple from inflammatory congestion of the lungs is admitted to be great. He lays down as the distinctive characters of the latter, the *color* of the parenchyma, which approaches to a brownish red, and its *moistness*, both of which depend on a condition peculiar to pneumonia, namely, the filling of the tissue of the lung, by blood which has just entered upon the inflammatory state, and which is brownish or brick red, thin, but viscid, and mixed with dark grumous flocculi. Certainly no sign is so generally distinctive; but it may be added, that the best mode of detecting it is by examining the fluid which may be scraped from the cut surface of the lungs; in pneumonic congestion it always bears some resemblance to the rust-colored sputa.

The seat of pneumonia Rokitansky holds to be the walls of the air-cells, that is, the pulmonary mucous membrane; so that it might be defined a "parenchymatous croup."

"The characteristic granulations are produced by the product of inflammation, deposited in the cavities of the air-cells. Their formation, that is, the exudation, is preceded by the secretion of a sticky, tough, reddish-brown fluid into the cells, which produces the well-known *rale crepitant*; with the hepatization this diminishes, and the pulmonary cells are filled by plastic exudation. The granulation is at first roundish, dark red and brittle, and appears, as it were, fused with the swollen dark-red wall of the cell, and is difficult to isolate and extract. But as the inflammatory turgescence and the redness of the tissue moderate, the granulation itself becomes paler, reddish-gray, and at last yellowish-gray, its cohesion is diminished, and it swells up a little. A secretion of glutinous mucus ensues around it, its connection with the wall of the cell is rendered looser, it becomes more distinct, and appears to be inclosed by a bright-red cell-wall, which makes it the more distinct the paler it grows. Lastly, it melts down into a puriform fluid, mixed with the glutinous mucus."

The following summary of the arguments, in addition to actual obser-



vation, by which Rokitansky supports his view of the intra-cellular formation of the pneumonic granulations, is, we think, complete and convincing.

"The granulation, regarded as a pulmonary cell swollen and obliterated by swelling, could not present either the anatomical relations or the metamorphoses which we deduce from it as a product of inflammation. The most considerable swelling of the pulmonary cells could not produce the volume of the hepatized lung; while our theory completely explains this fact. If the purulent infiltration were a suppuration of the interstitial tissue, a healing of this stage without abscess and breach of continuity would not be possible; but by means of partial expectoration, and partial absorption of the softened exudation, this takes place without any ulcerative destruction of the tissue, and the anatomical examination of a purulent pulmonary infiltration exhibits the cellular texture of the lung entirely uninjured. Lastly, the same process commonly goes on in the terminal branches of the bronchi as in the pulmonary cells."

The account of the modifications which the pneumonic product presents in correspondence with the peculiarities in the state of the blood, is clearly written; and the descriptions of the catarrhal and the interstitial pneumonia deserve especial notice, for the sake of the very probable explanations which they afford of two anomalous forms of the disease. The catarrhal occurs very rarely in adults, less rarely in children:

"It is always lobular, always has a bronchitis of the tubes belonging to the diseased portion of the lung associated with it, and is a frequent accident of the various catarrhal diseases of childhood, especially of hooping-cough and *catarrhus suffocativus*. Its especial seat is in the superficial lobules, many of which are often affected, and which become bluish red, dense, and moderately firm. The walls of the air-cells are swollen even to the closure of the cavities, which, when the swelling is less, contain a watery mucus, and slightly frothy secretion. There is no trace of a granular texture discernible. The pulmonary substance around the diseased lobules being, for the most part, emphysematous, they appear (when they are situated at the surface), depressed somewhat below the level, and are distinguished by their dark color."

The interstitial pneumonia is that which is very commonly described as chronic pneumonia.

"At first the tissue in the interstices of the lobules and between the smaller groups of cells appears (when there is not too much black pulmonary substance) pale-reddish, and swollen by albuminous infiltration; the cells are either pale, and, according to the degree of that swelling, more or less compressed; or else, when they participate in the inflammation they are reddened, and sometimes (though always finely) granulated. In course of time the material infiltrated in the interstitial tissue organizes itself, combines with it into a dense cellulo-fibrous substance, in which the cells are obliterated by the compression, and ultimately is converted into homogeneous cellular tissue. One then finds whitish compact stripes, which sometimes creak under the knife, or shapeless masses of the same kind imbedded in the substance of the lung."

This form, as its usual name implies, is generally chronic in its progress; it sometimes occurs spontaneously, and spreads from one lobule to another. It is most frequent at the apices of the lungs, and being often combined with a partial pleurisy, may at last assume all the characters of a cicatrix of the lung. But more commonly it is a consecutive affection occurring in the neighborhood of apoplectic effusions, tuberculous collections, &c., around which it forms a kind of capsule. The new tissue which is produced commonly contains a large quantity of carbonaceous matter.—*British and Foreign Medical Review.*

#### QUACKERIES OF THE DAY.

WHILE the alchemists were enthusiastically consuming their lives and fortunes, and melting down the ingots of their disciples, in seeking for the philosopher's stone and the elixir of life, medical men looked gravely on, giving more or less credence to the promises of the adepts, according as their temperaments, education and pursuits favored or counteracted a disposition to credulity; and though no doubt often disposed to be angry with those who promised to render the art of healing needless, and to make gold so plentiful that fees would be worthless, yet they wisely adopted the products of the laboratory into their materia medica, mending their own rough roads to longevity with the refuse of the furnace and the crucible, and lining their own pockets with the precious metals earned by this humble but useful kind of Macadamizing. Chemists since the time of Bacon have become gradually less extravagant in their promises; neither Faraday, nor Liebig, we fancy, have hinted at anything directly to supersede the practice of medicine, or greatly to affect the currency question, though the former has dropped hints about making diamonds from charcoal, and getting fuel from water after the exhaustion of the coal fields; and the latter gentleman has rather menaced Corporal Trim's theory of animal heat and radical moisture, as broached in the trenches of Nimeguen. The doctors and the experimental chemists are now on very good terms, and each new pharmacopœia is, in a friendly manner, by various recent discoveries, *aucta et emendata*.

Chemistry, no longer the rival of Medicine, is indeed her most valued ally, from whom she derives instruction and discipline in her training, materials for her warfare, and amusement for her leisure. Both are the faithful servants of mankind in their struggles with the material world—with disease and death.

But the public have of late been tempted to discard physic and her faithful ally. Overtures have been made by three foreign powers to perform all the garrison duty, as well as the severer field-service, more certainly, more effectually and more cheaply. Hydropathy says, I have common sense, and the whole animal creation on my side. Mesmerism says, I will perform all your amputations without pain or inconvenience, and give you such secret intelligence of your enemies' movements, that, with your eyes shut, you shall see more than you now see with your eyes



open. But Homœopathy promises most, and says, I will spare you that terrible effusion of blood, which, as even your present defenders admit, often makes their victories as bad as defeats—that sad drain upon your resources which has so often nearly starved you into a surrender, and left you no strength for a sortie—that enormous outlay upon ammunition, which, supposing it to be of good and high quality, is dangerous alike to friend and foe, but in which you are so often cheated by your contractors, that it is worse than useless. I make no show or parade, insulting you with long files of obtrusive guards in all the colors of the rainbow: in fact, my troops are at once active for you and inoffensive to you—secret in attack, deadly in aim, efficient in service, and economical in maintenance.

The unsuspecting English public opens its mouth and rubs its eyes and ears at this tempting proposal, goes to see the new troops on parade, and enjoys exceedingly a few sham fights, and even a real skirmish or two, with some of those enemies which plague him most. *Feux de joie* are fired for successes which the old soldiers would have thought mere matters of course, and which the new ones would never have gained, but that the said public, during the excitement of novelty, had left off its abominable habits of overeating and drinking, and really done all in its power to help rather than impede its defenders.

The probability is, that while the public is doubting whether or not it should cashier the veterans and enlist this new brigade—this German Legion—in its service, some persons of rank and consideration are picked off by the enemy. Plenty of excuses will be found for this, no doubt—the old *regime* was not without its heavy losses—“*veniam petimusque damusque vicissim*.” The old guard was on duty still partly; the fault was quite as much theirs, and so on; but in the end the public comes to its senses, and no great mischief is done. The average loss is about the same, and the free knights pocket their pay and depart—to offer their services elsewhere.

One word to the veterans of our forces, and our companions in arms:—Let us not be wasting, in unprofitable disputes with these gentlemen, time and temper and talents, which are needed for the warfare with the common enemy, disease. There are, no doubt, some honest, and many clever men amongst them. Their practice is at present confined almost exclusively to that class of persons who, long tormented by chronic ailments, are seeking relief wherever it is promised in the most alluring form. For such there must always be found a novelty. Patients of this class are, it is true, amongst the most lucrative; when relieved they are often generous and grateful, and extend the fame of their professional advisers. But, on the other hand, if not relieved, they are fickle, and sometimes, we fear, defamatory. The upright and scientific practitioner will, if he preserve his independence and his temper, his self-respect and his respect for others, see out two or three changes of these ephemeral wonders. The shrewdness of self-defence makes people calculate averages, and acute disease will rigorously extract the truth from homœopathy. The practitioners of this age will, of necessity, learn something from it; a diminu-

tion in the amount of physic swallowed will be a gain divided pretty equally between them and the public.

Any very great increase in the amount and variety of religious dissent, although depending in a great degree on political causes, and on other concurrent circumstances more or less obvious to the philosophical observer, has always been rightly judged to be connected with imperfections in the national establishment; and we may be sure that the unsettling of medical belief among the people of this country, and the lapse of several men of ability and of regular professional education into lamentable medical heresies, does indicate something wrong in established medical practice. It is not enough to show, as in every case, no doubt, it might be shown, that these false teachers do in their education, their habits, their mental or moral conformation, give undoubted proof of some grievous obliquity which keeps their talents perversely turned in a wrong direction. It is not enough to show, that the timid libertine, the fretful dyspeptic, or the heart-broken friends of the hopeless consumptive, will persist, in opposition to the clearest evidence, in throwing away their money and their hopes on the large promises of the enthusiastic and the unscrupulous. The average of this class of sufferers does not greatly vary, and is not more than enough to supply the amateur dispensers of infallible remedies, and the well-known advertisers who address them in the ordinary forms of the newspaper and the handbill. Something more than this is at work; more abundant materials are wrought upon; whole families are unsettled in their medical confidence. A few slight trials, or even a few conversations with an agreeable and clever homœopath, during a season in town, suffice to instil a doubt, and a plausible volume perused in the country, to confirm it. The next case which the family medical attendant has to treat is jealously watched. Every symptom and every remedy is not only subjected to microscopic observation, but seen in a light polarized by new suspicions and a new theory. What wonder, then, that, as in optics, the minute examination of small things, so valuable to the philosophic and the experienced, should present to the uninformed eye only distortion and mistake: not quite *only* distortion and mistake, however, for, alas! enough of truth is seen to give credulity to a host of fallacies. Microscopists were long in settling the size and shape of the blood-globules, but if any one had propounded for the cure or prevention of disease a theory which depended on their being star-shaped, and had shown a microscope at Charing Cross to prove it, he would have had abundant witnesses to the supposed truth every day in the year. Honest men, it is said, have looked at the lion over Northumberland House till they fancied its tail moved.

Let us work hard, then, to learn and to teach the greatest possible amount of truth with the smallest amount of error. Let us base our medical education on the broadest possible foundations of general science. Let us cultivate, diligently and perseveringly, those more exact sciences which assist our art—chemistry, anatomy, physiology, &c.

In the end, learning and knowledge will thus, without fail, triumph over the ephemeral systems of empiricism.—*Lon. Med. Gazette.*



## CASE OF PREMATURE LABOR AND MONSTROSITY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of abortion is one that occurred to me about two weeks since ; and thinking that it might be interesting to some of your numerous readers, I forward the particulars, as far as I have them, for your disposal.

On the 9th of the present month I was called in great haste to visit Mrs. Y., whom, on my arrival, I thought to be in the last stage of labor. The pains were very severe, occurring at intervals of about a minute. The os uteri well dilated, and the bag of waters protruding as usual. As might be imagined, I expected that the labor would soon be over. I waited, however, about two hours without any advance towards a termination, the pains also continuing strong and frequent as usual. Fearing that something must be wrong, I had during this time examined the size and form of the pelvis (which were natural, and healthy as near as I could ascertain), also made renewed attempts to discover the presentation ; but to no purpose, in consequence of the size of the protruding membranes. I quieted myself in a measure, as this was her first labor, and she was also young, being but 21 years of age, and with a healthy constitution. I now learned that she was but seven months advanced in her pregnancy, and that she had enjoyed remarkably good health during the whole period. Another hour passed, and the same phenomena presented as before, with the exception that the external parts had become soft and yielding, which were previously rigid. I now thought prudent to puncture the membranes, as they had produced the effect which nature evidently designed. To my surprise, and somewhat to my alarm, the liquor amnii gushed forth in a torrent, drenching the bedding completely. From the appearance there must have been as much as three gallons. I immediately examined per vaginam, and found that the presentation was the fourth position of the vertex according to Velpeau, with one of the hands and fore-arms protruding. During the intervals of the pains, which were stronger than ever, I succeeded in reducing the hand and arm, and also in changing the position to the second position, or right occipito-acetabulum. No sooner was this done, than the head passed through the inferior strait, and then stopped suddenly ; appearing to bid defiance to the strongest efforts of nature. An hour was passed in this dilemma, when two feet and legs suddenly presented by the side of the neck. I now found that I had a monster to deal with, or else a case of twins ; but I was soon satisfied that it was the former, as the legs, by tracing them up, were found to be attached to the same body as was the head. In a few minutes more, as the labor was advancing, I discovered another foot and leg, turned in an opposite direction ; and presently two more superior extremities and another head. The placenta and membranes came away immediately, which appeared to be natural, as well as the cord, both in size and structure.

We now directed our attention to the monster, and found it to be somewhat remarkable in its external aspect. At each extremity were a head, neck, shoulders, arms, fore-arms and fingers, also a chest, all of which

appeared to be of the usual size, and with nothing uncommon in their appearance. Between the two chests there was an abdomen which appeared to be common to both, in the centre of which sprang the umbilical cord. On the one side of the cord, and about two inches from its root, sprang two inferior extremities, with legs, feet and toes natural; on the other side, and at about the same distance, sprang but one leg and foot, which were also natural, with the exception that there were nine toes, the great one being in the centre and four smaller ones on either side. There was not the least sign of any external opening from the bowels, neither was there any appearance of external sexual organs. The monster was alive when the membranes were first ruptured, but soon ceased to give any evidence of life. As was said, there was nothing unnatural about the placenta, membranes or cord; the latter of which I particularly examined, and found it to be composed of but one set of vessels.

The lady has now so far recovered as to resume the superintendence of her domestic affairs. She says that nothing occurred during her pregnancy to lead her to believe that she should have an unnatural child, and that she thinks of nothing at the present time, unless it was the effect of the imagination produced at a Miller meeting which she attended in her first month of pregnancy, when she was considerably affected by seeing some very frightful diagrams of animals.

In connection with the idea of the influence of the imagination upon the foetus in utero, which is very general among our country women, I will just state that a very singular case of monstrosity came under my notice about nine months since, where the lady, as well as her friends, believe that it was produced by the effect which the sight of some heathen gods had upon her at a missionary meeting, and which excited, at the time, some alarm for her safety.

Yours, &c.

*Andover, N. H., March 24, 1843.* JAMES ALLEN TEBBETS, M.D.

#### RECORDS OF PRIVATE PRACTICE IN OHIO.—ADIPOSE TUMOR— VARUS—BURNING PAIN IN THE SCALP.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Appended are some of the cases that have occurred in my practice during the year 1842. If they, or any of them, should appear to you of sufficient interest, you can publish them in your Journal.

March 30th, Mrs. H., æt. 35, of Troy, Geauga Co. Adipose tumor, situated on left side of abdomen, extending from below, and to the right of umbilicus, to left anterior superior spinous process of ilium; its weight six pounds. Wound, after removal, nine inches in length by four and a half in breadth, before the edges were approximated. Wound readily united.

March 30. H. P., a girl, æt. 18.—Amputation of supernumerary thumb at joint.

November 30. C. F., æt. 5.—Congenital club-foot (species varus). Deformity such that he walked directly on the top of instep. Divided



tendo-Achillis and tendon of flexor longus polices, and flexor longus digitorum. Have not had that success that some have reported, as the case is still under treatment; but have brought the foot so near the normal position, that he can wear a common shoe, with the heel raised half an inch. The limb (which was not near the size of the other) is showing signs of muscular development.

November 20th. H. L., æt. 10.—Deformity, which caused him to walk on the outer side of foot, caused by contraction of flexor longus polices, and digitorum. Divided them, and used simply a splint and bandage to restore the foot to natural position. The tendons were divided by the sub-cutaneous method.

August 8th. D. F., laboring under the following symptoms. Extreme burning pain on left side of scalp, over frontal and parietal regions, which he compared to a constant application of boiling water. So intense had been his sufferings that he had not rested for three days and nights. This condition alternated with intense pain in the course of the frontal, and extending to the superior maxillary nerve, which continued from three to fifteen minutes. These paroxysms occurred suddenly, and left as suddenly. So intense were his sufferings, that they left him in profuse sweat. The case had been treated by an empiric for inflammation of the brain, by effusion with cold water (after being denied the privilege of applying the steam system) constantly applied when not poured. During this treatment another of the craft was consulted, who advised a poultice, which reduced the swelling without alleviating the pain. The tumefaction had been considerable before this, but had entirely subsided when I was called, which was three weeks after the accession of disease. From the description I received from my patient and his friends, I suppose it was at first a case of uncomplicated erysipelas, as his principal symptoms were, some restlessness from fever, and pain from the cutaneous inflammation.

*Treatment.*—Give sub. mur. hyd., gr. x.; jalap, gr. xij. After operation, give sulph. morphine, quarter of a grain once in four hours.

13th. No alleviation of either constant or paroxysmal pain. Apply epispastic to back of neck, and continue anodynes.

15th. Apply morphine endermically to the scalp.

16th. Occurrence of neuralgia less frequent—rested two hours at a time. Keep the bowels open with super sulphate of magnesia; give Fowler's solution six m. once in six hours.

Continued much the same until the 28th. The paroxysms of neuralgia have not observed any particular time, recurring as frequently in the night as in the day. Give super sulphate of quinine five grains once in six hours.

29th. No alleviation. Give eight grains of quinine in the form of super sulphate once in six hours.

30th. Neuralgia has entirely ceased, and there has been no return to this time—over six months. Not so with the burning sensation, which has troubled him most of the time ever since, though in a much less degree. The appearance of the scalp does not vary much from natural

—occasionally slight redness; the burning sensation is as severe when the appearance is natural. General health good. Have used for the last affection lotions of acet. lead, sulph. zinc, nit. silver, ointment of nit. silver, nit. mercury, and carbonate of lead; yet our treatment, although it has alleviated, has not cured our patient.

*Query.*—Was the original disease the cause of the neuralgia? Did the early treatment have an effect to produce it? C. B. C.

*Bristol, O., March 14th, 1843.*

#### A CONCISE VIEW OF THE BENEFITS OF ANATOMY.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 162.]

THIS number will conclude, and will be sufficient, we hope, to prove the "Benefits of Anatomy," so far as we have treated this important subject. Much more might be said in elucidating many other parts of the human system. The fact is, all the different organs need to be thoroughly understood, both anatomically and physiologically, as well in a healthy condition as in a morbid state. What has now been advanced will only serve as hints in showing how valuable such knowledge is, and how careful all new beginners in the practice of medicine and surgery ought to be, to have their minds properly furnished when they enter the medical field to practise. Of all the lessons which a young man entering upon our profession needs to learn, this is, perhaps, the first—that he should resist the fascinations of doctrines and hypotheses, till he have won the privilege of such studies by honest labor, and a faithful pursuit of real and useful knowledge. Of this knowledge, anatomy surely forms the greatest share. Anatomy, even while it is neglected, is universally acknowledged to be the very basis of all medical skill. It is by anatomy that the physician arrives most correctly at the seat, or causes, or consequences, of any internal disease.

In concluding this department of our subject, it is thought we would make choice of the topic, *On the injuries of the head*, as this is a very important part to understand anatomically. From the many peculiar features which they present, injuries of the head have properly received a separate consideration in all systems of surgery. For not only is the brain so essential to life, that even its least injury must be regarded as serious, but the parts around and guarding it have many peculiarities. The skull, composed of two thin layers of bone, much exposed to external violence, and protected from it by only slight coverings, is extremely liable to fracture, and it is covered by a very dense and tightly applied membrane, the *pericranium*, of which the injuries and diseases exhibit all the peculiarities of those of other fibrous membranes. By the free communication of its vessels with those of the similar membrane (the *dura mater*) lining the interior of the skull, and less directly with those of the brain, disease is very liable to spread from the pericranium to these more important parts; and it is itself covered by firm unyielding muscles and tendons, under which disease is always prone to extend widely. The



injuries of the head are best considered as they affect the parts enclosing the brain, or the brain itself.

In mere bruises of the scalp, two circumstances are worthy of notice. A vessel of some size may be burst without the skin over it being wounded, in which case a most copious effusion of blood takes place, raising up the scalp from the skull, and producing rapid swelling of the whole of the upper part of the head. It needs, however, no particular treatment; no incision should be made into it, for if cold wet cloths be diligently applied, the blood will be again rapidly absorbed. If the effusion of blood from the bruise take place between the pericranium and the skull, the former is raised into a tumor, with sharp defined edges, and yielding to pressure in a manner so similar to that of fracture with depression of the skull, that the most experienced surgeon might be deceived and induced to apply the trephine, but for the rule that it should never be employed except in cases in which the brain itself is implicated.

A common superficial wound of the scalp needs no particular treatment. It should be closed with sticking plaster, after the hair around it has been shaved off, and it should be kept cool; but to guard against mischief to the adjacent parts, the patient should avoid all stimuli, and all exertion of either body or mind, till it is completely well. Not unfrequently a violent oblique blow will strip off a large flap of the scalp so as even to denude the bone. In cases of this kind, the part, after being carefully cleaned, should be accurately replaced: if absolutely necessary, a suture may be inserted to ensure more exact adaptation, and the rest should be closed by adhesive plaster; the head around, being shaved, must be kept perfectly cool; the patient must be placed on a low diet, take aperient medicine, and remain quiet; on the first appearance of general excitement blood must be taken from the arm, and by leeches applied round the wound; under this treatment many cases get well with almost singular rapidity; but if irregularities be permitted, serious consequences may ensue even from the slightest injuries.

One of the most common of these sequels of injuries of the scalp is erysipelas of the head and face. It generally occurs in persons of an unhealthy habit, in hard drinkers, and in the full and plethoric. It commences about the third or fourth day after the injury; the patient begins to complain of headache and a feeling of general illness; he has a shivering fit, followed by nausea, thirst and restlessness; a quick and hard pulse, and a thickly-coated tongue; he cannot sleep, and is, perhaps, slightly delirious. Soon after these symptoms have commenced, the head and face feel very hot, and become red and swollen, appearances which increase, and after a day or two are accompanied with an eruption of small blisters, full of yellow fluid. There is no pain on touching the part; but by the great swelling the eyes are often closed, and the features almost obliterated. Active reducing measures should, as a general rule, be early employed, and continued, if the disease do not yield, as far as the patient's strength will permit; and purgatives with small doses of mercury should be given, for the liver is very generally affected. After a period of from five to eight days the inflammation in most cases sub-

sides, the cuticle scales off, and the wound, which had assumed an indolent, unhealthy appearance, acquires a vigorous aspect, and rapidly heals. But in some cases, the cellular tissue thus affected suppurates and sloughs, the scalp is separated, and there is profuse discharge from the wound. One or two incisions should in such cases be made into the sloughing part, to admit of the free separation of the sloughs ; but even with this the disease will sometimes spread and prove fatal.

Another affection which sometimes follows injuries (and especially punctured wounds) of the external coverings of the skull, is inflammation and consequent extensive suppuration in the loose tissue connecting the tendon of the muscle covering the top of the head with the pericranium. The general symptoms of fever are in these cases less severe than in erysipelas ; the scalp is less hot and swollen, but more painful and very tender ; the face is never affected. After a few days of general illness, a feeling indicating a collection of fluid may be perceived over some part of the head ; and on making an opening into the swelling which has formed there, a quantity of matter may be pressed out of it from beneath a large portion of the scalp. When this affection is suspected to be coming on, leeches should be put on the head in large numbers about the wound, and cold constantly applied ; but if matter should form, one or more free incisions should be made through the scalp to let it out, and the part afterwards treated like a common abscess.

In cases in which the bone has been exposed, the same general and local treatment should be employed. The scalp when replaced may at once unite to the bone ; or if it do not, granulations may spring up from the surface of the bone and close the wound ; in worse cases, the outermost layer of the skull may die, and require a tedious process for its exfoliation and healing ; in the worst, the whole thickness of the skull may perish, and the dura mater be exposed. In all these cases the mildest treatment is requisite, but as the disease is extremely liable to spread to the interior of the skull, the general health should be carefully watched, and if any indications of mischief arise, general or local bleeding should be at once employed.

When the bone itself is injured, no active treatment should ever be adopted, unless there are evident signs that the brain is suffering from compression, or other palliable injury. These fractures of the skull get well even more rapidly than those of other bones ; and in some cases, especially in children, the skull may be forced in to some extent, but when it does not produce any derangement of the functions of the brain, the injury will be repaired, and health perfectly restored. Cases of fracture of the skull in which the brain is not at first injured, may be amongst either the most simple, or the most dangerous in surgical practice—for the least intemperance or irregularity committed within some time after their reception, may produce irreparable inflammation of the brain or its membranes.

Injuries of the dura mater are of yet more importance, because they more immediately affect the brain. The dura mater is connected with the skull by a tissue in which numerous vessels ramify, and these may be ruptured by the jar from a blow which does not even break the skin. The



blood that flows from them, accumulating between the dura mater and the skull, produces compression of the brain. The chief indication of this very dangerous accident having occurred is that the patient, who for some time after the blow had seemed only stunned, or had been even quite sensible, gradually becomes dull, sleepy, comatose, and at last totally insensible, just like one suffering from apoplexy. These symptoms supervene with a rapidity corresponding to the size and number of the vessels ruptured; the most rapid are those in which, by a blow on the side of the head, the main artery supplying the dura mater and upper part of the skull, and which ascends just before the ear, is wounded. The only hope in these cases is to bleed the patient largely, to check the flow of blood in the head; and if that be not evidently beneficial, to apply the trephine wherever it is most probable that the blood may be found and removed. It must be confessed, however, that there is little prospect of doing good by trephining in these cases; it is seldom possible to decide at what part of the skull the blood is effused, or whether it may not be between the dura mater and the brain, or even in that organ itself. The symptoms in each case are the same, but the mechanical removal of the blood is possible only when the blood is immediately beneath the upper parts of the skull.

Instead of blood, purulent matter may collect between the dura mater and skull, and produce equally fatal results. This is indicated by the patient (usually some considerable time after the accident) complaining of headache, restlessness, and extreme languor; he has frequent irregular shiverings, his pulse is quick and hard, and he cannot sleep: if unrelieved by treatment, all these symptoms increase, and are shortly followed by delirium, convulsions, insensibility or paralysis, which are no distant precursors of death. Early after their first appearance, a puffy, soft, but not very hot nor painful tumor, forms over the part struck. If this be opened, the pericranium will be found detached for some extent from the skull, which, when exposed, is sure to be dead, of a dull yellow color, and covered by purulent fluid. In this case it may be expected that the dura mater is separated from the interior of the skull to the same extent that the pericranium is from its exterior, and the only hope of relieving the patient is to perforate the dead portion of bone with the trephine, and let out the matter, collected between it and the dura mater, and which compressed the brain.

The brain itself may suffer injury either from blood effused in it by rupture of its vessels, from compression by fractured portions of bone being forced down upon it, from wounds, from concussion, or from inflammation, and its various effects following any of these injuries. The first need not here be particularly treated of: it does not differ in its symptoms from cases of common apoplexy with effusion of blood, and admits of no mechanical treatment. The second class comprehends the most important injuries of the head; those of "fracture with depression," as they are called, and those which occasionally happen in children, in which the skull is indented without being broken. The symptoms of such an injury are insensibility, generally in direct proportion to the degree of pressure;

the breathing is slow, labored and snoring, and at every expiration the cheeks are puffed out and elevated; the pulse is slow and irregular; the pupil widely dilated and insensible to light; the patient neither feels nor moves, and lies as if in a fatal state of apoplexy. The part struck may of course present most varied characters: it may be *starred* from the centre of the blow, so as to have a shallow conical depression; it may be fissured, and one edge have passed under the other; or the part and the scalp may be broken up confusedly, and the brain be protruding through the openings in them. It is worth remembering that the inner part of the skull may, in consequence of its brittleness, be much more widely fractured than the external, so that the degree of pressure on the brain is not always indicated by the depth of the indentation felt in the scalp. If unrelieved by treatment, the patient from the time of the accident grows more and more insensible; his pulse becomes more irregular, and he soon dies. The evident and indeed the only mode of affording relief is to remove the pressure from the brain, by exposing the fractured part of the skull by enlarging the wound in the scalp, or making a fresh one, and taking away or elevating all the portions of bone that are depressed. The mode of doing this will be determined in each case by the form of the fracture and other circumstances; in some it may be sufficient to remove the loose pieces with the forceps; in others, to saw off portions with a Hey's saw, or to apply the trephine and raise the other depressed parts to their proper level with an elevator. These proceedings, however, must of course be limited to the cases in which the fracture is in part within view; when it extends across the base of the skull no mechanical means are applicable, and recovery is therefore extremely rare. Such cases, and all others in which compression cannot be mechanically relieved, can only be treated like common apoplexy, by bleeding the patient, by cold sedulously applied, and by rigorous reducing measures. The after-treatment of cases in which the trephine or analogous means have been used, is nearly the same as in wounds of the skull and soft parts; the edges should be brought gently together, and slight pressure employed to support the dura mater when it is exposed by the aperture in the skull; and the other usual precautionary and curative measures, as cold, local bleeding, &c., resorted to.

The immediate consequences of wounds of the brain vary greatly, and indeed unaccountably: in some cases a very slight injury is quickly fatal, as in those (of which many are now recorded) in which a pointed instrument has passed in through the orbit, and produced almost instant death; whilst in others severe and extensive injuries, as from gunshots, have been followed by serious symptoms at only a late period from their reception. In most of the cases where the dura mater is perforated, whether by wound or by ulceration, the wounded or exposed brain protrudes through the aperture in the form of a darkish, dirty-looking fungous mass, called "*hernia cerebri*." Its surface discharges purulent matter abundantly, and often bleeds slightly; pressure on it, as on the brain itself, produces immediate insensibility; but the whole mass may be cut off without producing any pain or ill consequence. This is in-



deed the best treatment of it. If after having protruded to some distance it shows no disposition to decrease or to slough, it should be cut down to the level of the skull, and gentle pressure by compresses, covered by the mildest ointment, applied, so as to compensate, if possible, for the deficiency in the dura mater. Should the mass again sprout forth, the same treatment may be repeated. In a few cases the growth is checked, and the brain produces healthy granulations, which unite to the surrounding parts and skin over; in others the fungous mass sloughs and the remaining parts heal; but in the large majority the exposure of the brain and its irritation by surrounding parts produce such continued inflammation of it as proves fatal.

The account given here is only a sketch of the most prominent and constant symptoms, progress and treatment of the effects of injuries of the head. There are other symptoms that occur occasionally, and as it were accidentally, which it is now only necessary briefly to advert to— which are concussion; furious delirium, lasting for some days, and requiring active depletion, sometimes immediately following concussion; violent convulsions also ensue, either on slight compression, or on concussion; paralysis or hemiplegia is not unfrequently produced directly by compression, and they still more commonly occur as its sequels. Loss of memory, sometimes most singularly limited to particular classes of events or things; impairment of individual sensations, and various forms of insanity, are all the occasional consequences of these injuries, or of the inflammation and disorganization of the brain which follow them, and to the prevention and cure of which, the chief attention is, in the majority of cases, to be directed.

R. C\*\*\*\*.

*Boston, April 4th, 1843.*

MASSACHUSETTS GENERAL HOSPITAL. SURGICAL CASES TREATED  
BY J. C. WARREN, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

*Malignant Tumor of the Left Temple, produced by the Stroke of a Stone—Unsuccessful application of Ligature, Caustic, and other means.*

—A boy, aged about 10 years, five months previous to his entrance into the Hospital in September last, whilst playing with his comrades was struck by a small stone on the left temple. There were no immediate consequences, but about a week after a small tumor was noticed in the place of injury, which has increased slowly since without any pain. The patient is described by his mother as not of a strong constitution. When at the age of two years he had a serious hemorrhage from the mouth and nostrils in consequence of a severe fall, and at several different times he has been the subject of inordinate epistaxis.

At the time of his entrance into the Hospital in September, the tumor, about the size of a chesnut, was situated in the temporal fossa of the left side, just above the zygomatic arch; the integuments were of the natural appearance, but distended over the surface of the tumor; there were no

enlarged veins. The tumor had a slight pulsation. As there was no discoloration, no tenderness and no pain, it was thought probable that the tumor might be the result of inflammation of the fascia from the blow of the stone; the slight pulsation might readily be attributed to the passage of the temporal artery enclosed in the tumor. It was therefore considered best to make an incision through the skin over the surface of the tumor, ascertain its situation and proceed accordingly. This was done by Dr. Townsend. The tumor, being examined, seemed to have the appearance of thickened cellular membrane. An incision was then made into its substance. Copious bleeding took place; when as much blood had been removed as was thought judicious, a sponge was applied, and the hemorrhage stopped. After some weeks the tumor began to assume a fungoid character, and the patient being then under the care of Dr. Hayward, he proposed the application of a ligature, which was applied by Dr. Townsend, and which removed a considerable portion of the tumor. The fungus reappearing, the actual cautery was then applied, without producing any considerable pain, except where it approached the edges of the skin. When the sloughs had separated the, fungus again pushed out. It was then thought expedient to apply caustic potash, which application was repeated twenty times without any considerable pain, and without impairing the patient's health, which still continues good. The fungus still continues to re-appear after every application, and is now about the size of half a dollar, and is surrounded by a tumor under the skin about double this diameter. The fungous vegetation is red, firm, elastic, not tender, not painful, bleeds when wounded, has a slight pulsation at its upper part.

*Question.*—Can this tumor be eradicated? and what means are likely to prove successful?

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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APRIL 12, 1843.

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*Massachusetts State Lunatic Hospital.*—Within a few days, the tenth annual report to the legislature of Massachusetts, of the physician of the lunatic hospital at Worcester, has been received. As a matter of course, each year furnishes new materials and suggestions, and the report assumes quite a book-like appearance. Dr. Woodward has a happy faculty of interesting the whole reading public, and whatever he writes, therefore, is sure to be received with delight by all classes of philanthropists. Few men, with less experience than himself, could keep the helm of such a mammoth institution always steady, from morning till night, year in and year out, and not sometimes be compelled to furl a sail. With Dr. Woodward, it has long since been ascertained that the more he has to do, the more he can do; and hence the hospital is to be immediately enlarged in a manner prescribed by a late act of the General Court.



The report is exceedingly satisfactory, and fully meets the expectations of the author's medical friends. It must be gratifying to him that all his reports have been well received by the profession. Whatever doctrine Dr. Woodward advances in regard to insanity, will have its existence perpetuated by legal reference. He will be cautious, therefore, in not promulgating opinions before weighing them in the balance, that they may be consulted in after ages as honest guides. Thus his name will live and his influence be felt, when the hand that wrote them has returned to dust.

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*Medical Travels at Home.*—Dr. Drake, of the Louisville Medical Institute, Kentucky, left New Orleans, a short time since, for the mouth of the Mississippi. Dr. Drake intended to spend a little time with the pilots, and then proceed to investigate the medical topography of Red River and Arkansas. The character of the alluvial deposits and the source of miasmatic epidemics are represented to be the prominent objects of the tour. Last season, it will be recollected, this gentleman travelled extensively over the great northern lakes. If physicians, whose circumstances will admit of a few months' withdrawal from the routine of daily business, would stretch off over the wide expanse of this great country, and see, hear, and gather up something new, which each day's peregrination would present, in the season for excursions, health would be promoted, length of days increased, and the mind have appropriate excitement. He who denies himself this simple pleasure, should not be offended when asked, what is life worth to you, voluntarily shut out from the beauties and wonders of creative wisdom?

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*Drawings of the Human Stomach.*—We have received the published documents which have appeared in the public papers in regard to Dr. Sewall's drawings of the stomach, and the Temperance Recorder, extra, addressed to Dr. Thomas Hun, of Albany. A misunderstanding seems to exist between him and Mr. Delavan, the munificent propagator of temperance principles. Not precisely comprehending the cause of the difficulty, it is hardly worth while to make extracts from these papers, till more light is evolved by the friction of the belligerent parties.

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*Age of Extraordinaries.*—In the Thomsonian Manual, of last week, the following article appeared, signed Jas. S. Olcott, Plainfield. If the writer is a lunatic, the sooner his friends secure him in a straight jacket, the safer it will be for themselves. Of all specimens of imagination run mad, this is decidedly a crowning case; and yet we presume that hundreds in this city will believe the statement to be as true as that the tide rises and falls twice in twenty-four hours.

"A female, between 17 and 18 years of age, of a naturally firm and vigorous constitution, but feeble from four months suppression of the menses. She was placed under my observation as a subject of animal electricity. In five minutes she fell prostrate upon the carpet, destitute of strength and all power of volition in regard to muscular action. I at once discovered her condition from the extreme contraction of the lower abdomen, and from the spasmodic affection which followed my hand. I recommended your course, which the good people of the house had the sense

and benevolence to adopt ; and on the next day carried her through one of a mild temporizing nature, omitting the steam because there was no mineral poison to dissipate, nor sick bed affluvia—only bathing the feet in warm water. I gave two injections, the first mild and inefficient ; the second I filled with a large amount of animal electricity, *willing that it determine on all the organs of womanhood*. She was thrown into violent spasmodic affection, and during ten minutes suffered all the pangs of parturition in the higher regions of perpetuate existence. I then willed that it pass, and calmness and quietude followed. In three hours she was perfectly restored, and on the next morning engaged in all the duties of a useful domestic life."

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*Public Health at Surinam.*—We have received a communication from Dr. F. W. Cragin, dated Paramaribo, Feb. 9th, which says, "Dysentery rages here in town and country, as an epidemic, and has done so for about two months. It is rather fatal. Deaths last month were 60. The usual number is about 26 to 30 in the same period. I speak or write," says the doctor, of "free people. The whole number of free inhabitants is only about 8000." Dr. Cragin refers to a shock of an earthquake felt at Surinam Feb. 8th, at quarter past 11 o'clock, A. M., which lasted nearly two minutes, and was sensibly felt by persons walking in the streets.

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*Anomalous Puberty.*—An account is published in the Mobile Chronicle of a negro boy, now exhibiting there, who was born in Monroe county, Miss., in April, 1839, making him now between three and four years of age, and yet he has all the developments of adolescence, and, with the exception of size, we might say of manhood. He has a beard and whiskers, apparently full grown, an uncommonly large and muscular arm, and a voice as gruff and manly as a youth of 10 or 20 years of age. In size and height his appearance would indicate an age of about 7 or 8 years. He was visited by several of the most eminent physicians and intelligent citizens, and pronounced by all to be one of the wonders of the day. It might be mentioned also that he is able to lift his master, who is about 150 pounds in weight, and to hold a common size chair out at arm's length.

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*University of Maryland.*—Dr. Richard S. Steuart, of Baltimore, has been unanimously elected Professor of the Theory and Practice of Medicine, in the University of Maryland, in place of Prof. Potter, deceased:

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*University of Pennsylvania.*—The annual Medical Commencement was held on Friday at the Musical Fund Hall, and was attended by a dense crowd of ladies and gentlemen: The degree of Doctor of Medicine was conferred upon 118 gentlemen from every part of the Union.

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*Professional Quarrels.*—A few weeks ago, a singular and disgraceful case was brought before the Court of Common Pleas, in London, which illustrates the folly of professional backbiting. The parties were *Beale v. Self*,—in a prosecution for slander. Both parties were surgeons, practising in the neighborhood of Stepney, and this action was brought to re-



cover damages for certain slanderous words spoken by the defendant to the injury of the professional character of the plaintiff. The alleged slanderous words were to the effect that the plaintiff was not a regularly-educated surgeon, that he was ignorant of his profession, and that the death of one of his patients was owing to his unskilful treatment. For the plaintiff, a number of eminent surgeons, Mr. Aston Key, Mr. Wallis, Mr. Tyrrell and others were called, who gave him a very high character as a surgeon, and testified to the diligence with which he had pursued his studies as a pupil. They also justified the practice which he had pursued in the case of the deceased patient alluded to by the defendant. Mr. Tyrrell particularly said that it was a case beyond the reach of art. It was also proved that the plaintiff passed his examination at the College of Surgeons, and obtained his diploma in 1841.

Mr. Sergeant Talfourd having addressed the Jury for the defendant, they retired to consider their verdict, and in about half an hour found for the plaintiff—damages £100.

*Beale v. Dale.*—This was a similar action by the same plaintiff against another surgeon, arising out of the same case.

Mr. Sergeant Talfourd, for the defendant, offered an apology, and consented to a verdict, with 40s. damages.

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*Neurology.*—[We are sorry that our remarks last week should have been considered, by any one, personally disrespectful to Dr. Buchanan. No one, we are assured, who knows him, entertains the least doubt of his perfect fairness and sincerity. The following communication, which has just been received, will show his side of the question.]

*To the Editor of the Boston Medical and Surgical Journal.*—SIR,—In your last No. a very erroneous impression was given by your paragraph in reference to the proceedings of the Academy. If it is designed to represent those proceedings as an investigation of the science, nothing can be more fallacious. The science was not subjected to anything which could be called an investigation. The members of the committee met and made experiments upon *two occasions only*. These experiments were made upon three persons chosen with the utmost care that they should be totally ignorant of the science of neurology. All three proved to be impressible to a limited extent, but not sufficiently so to display distinctly the functions of the special organs. I have never asserted that we could find one in three sufficiently impressible for that purpose. On the contrary, I have uniformly asserted that we *would not* on an average find more than one in a hundred in whom the excitements would be distinct and local, although we might find many more in whom the effects would be produced. The committee saw that singular effects were produced. I proposed to bring other cases before them, in which local impressibility, illustrating the functions of the organs, might be found, which would give an unanswerable demonstration of my principles. I proposed this without objecting to any of the arbitrary and unreasonable restrictions by which they might hinder my operations. They declined, on the ground that it would occupy too much time. I replied that I would pledge myself to demonstrate the local excitability of the brain in less time than had been already expended. They voted that they had made up their minds, and we have little reason to doubt that their minds had been made up long before. They determined not to expose themselves to the danger of having their convic-

tions disturbed, and as they had not yet seen those facts upon which neurology is based, they determined that they would not. Thus the science was condemned without a hearing. If this is to be laid before the public, as an investigation of the evidences of Neurology, it would be difficult to conceive a proceeding more *frivolous* and *deceptive*.

JOS. R. BUCHANAN.

N. B.—That evidence which the Academic committee were unwilling or afraid to meet, has since been examined by another committee of intelligent physicians, who, although they doubt new doctrines, do not fear to examine them and ascertain the facts. The result will probably be made known to the public.

J. R. B.

TO CORRESPONDENTS.—A communication from Dr. Davis, of Portland, Me., to Dr. J. C. Warren, one from Dr. Ransom, of Burlington, Iowa, and a note from Dr. Abbe, are on file.—Pereira's *Materia Medica*, two volumes, from Messrs. Lea & Blanchard, and *Meteorology*, by Dr. Forry, came to hand too late to be particularly noticed this week.

MARRIED.—At West Bradford, Mass., Dr. O. B. Skelton, of Lowell, to Miss S. E. P. Heath.—In Westfield, Dr. Horace Jacobs, of Chicopee Falls, to Miss Emily Owen.—In New York, Dr. J. S. Oatman to Miss M. Coles.—At Hopewell, Penn., Charles M. Clingan, M.D., to Miss Maria Theresa Brooke.—At Marcus Hook, Delaware county, N. Y., Dr. M. R. Trevor, of Alleghany county, to Miss Sarah Ann Walker.—At Plymouth, Mass., Dr. John C. Bennett, of Fairfield, Wayne Co., Ill., to Miss Sarah Rider.—In Passumpsic village, Vt., John Ives, M.D., of Hardwick, to Miss Elizabeth Appleton, of Buxton, Me.

DIED.—At North Providence, R. I., Dr. Stephen Randall, 83.—At Lowell, Ms., Dr. William Graves, 60.—At Charleston, S. C., Dr. Edward W. North, for many years Mayor of that city.—In Rochester, N. Y., Dr. John D. Henry, for twenty years an eminent physician of that place, 60.—In New York, Dr. William A. Matthews, by cutting his throat, 28.—At Chihuahua, Mexico. Dr. Jenison, a man distinguished for his active benevolence—said to have been a native of Boston.

Number of deaths in Boston, for the week ending April 8, 31.—Males, 15; Females, 16. Stillborn, 6. Of consumption, 2—stoppage in the bowels, 1—internal bleeding, 1—inflammation of the bowels, 3—throat distemper, 1—inflammation of the stomach, 1—liver complaint, 1—rheumatic fever, 1—hip complaint, 1—convulsions, 2—canker in the bowels, 1—inflammation of the lungs, 3—old age, 2—typhus fever, 1—lung fever, 1—apoplexy, 1—cramp in the stomach, 1—disease of the brain, 2—disease of the spine, 1—dropsy in the head, 1—infantile, 1—unknown, 1.  
Under 5 years, 12—between 5 and 20 years, 6—between 20 and 60 years, 11—over 60 years, 2.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

| Mar. | Therm.        | Barometer.          | Wind. | Mar. | Therm.        | Barometer.          | Wind. |
|------|---------------|---------------------|-------|------|---------------|---------------------|-------|
| 1    | from 22 to 28 | from 29.10 to 29.23 | W     | 17   | from 30 to 33 | from 28.45 to 28.70 | N W   |
| 2    | 12 20         | 29.19 29.32         | S W   | 18   | 22 30         | 28.83 28.96         | W     |
| 3    | 8 18          | 29.42 29.43         | N W   | 19   | 20 32         | 29.00 29.05         | W     |
| 4    | 10 22         | 29.34 29.45         | N W   | 20   | 20 32         | 29.12 29.17         | W     |
| 5    | 13 23         | 29.14 29.20         | W     | 21   | 25 31         | 29.26 29.32         | W     |
| 6    | 12 22         | 29.30 29.34         | N W   | 22   | 10 40         | 29.16 29.32         | W     |
| 7    | 11 25         | 29.40 29.43         | N W   | 23   | 18 29         | 28.83 29.00         | S E   |
| 8    | 15 35         | 29.43 29.46         | N W   | 24   | 14 32         | 28.70 29.19         | N W   |
| 9    | 25 41         | 29.43 29.52         | N W   | 25   | 20 34         | 29.30 29.36         | W     |
| 10   | 20 32         | 29.46 29.58         | N W   | 26   | 20 30         | 29.26 29.53         | W     |
| 11   | 32 41         | 29.05 29.26         | N W   | 27   | 22 35         | 29.72 29.78         | N W   |
| 12   | 24 37         | 29.56 29.60         | N W   | 28   | 35 46         | 28.60 29.26         | S E   |
| 13   | 30 33         | 29.04 29.59         | N E   | 29   | 30 37         | 28.80 29.30         | N     |
| 14   | 19 23         | 28.94 29.19         | W     | 30   | 28 42         | 29.56 29.69         | W     |
| 15   | 24 28         | 29.02 29.18         | N W   | 31   | 26 32         | 29.70 29.78         | N     |
| 16   | 26 38         | 29.40 29.45         | N W   |      |               |                     |       |

March has been truly a wintry month, cold and stormy. Sleighing has been good the whole month. Snow lies deep over the earth's surface. 26 inches of snow has fallen. Zodiacal light has been brilliant nearly the whole month. The Comet is still visible to the last of the month. Barometer has ranged from 28.45 to 29.78. Thermometer from 8 to 46. Rain has fallen, 5.23 inches.



*Chlorosis simulating Phthisis.*—A case of this disease, simulating the last stage of phthisis, is reported in the "Bulletin Med. de Bourdeaux," by Dr. Chabrely:—M. O., a female, eighteen years of age, in a state of complete marasmus, had kept her bed for the previous three months, with hectic symptoms of great intensity. She had been at first attacked by symptoms like those of acute gastro-enteritis, but against which general and local bleedings were employed without success. The patient had been ever since kept on low diet. Dr. C. found her suffering from difficult digestion; and ascertained that the menses, which had seldom appeared, had altogether ceased since the access of her present attack. Considering this the primary evil, the efforts of the physician were first directed to its removal, for which end he enjoined nourishing diet, and ordered lozenges of lactate of iron, and a few drops of tinct. digitalis night and morning, together with the employment of dry cupping (*des grandes ventouses*) over the hip region, every two or three days. After the eighth time of application of the latter, the patient began to experience a sense of weight in the pelvis, and at about the fifteenth application a white discharge from the vagina was seen, which increased daily in quantity. The appetite, sleep and general health now improved rapidly; the menses soon re-appeared, and after about six weeks of this treatment the cure was complete.

The editor of the "Gazette Medicale," in commenting on this case, considers the recovery to have been mainly owing to the adoption of a generous diet; Dr. Chabrely attributes it mostly to the cupping. It may have been due to neither so much as to the lactate of iron.—*Lon. Lancet.*

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*Baths of Bichloride of Mercury.*—Wedekind has advocated such baths for chronic rheumatism and sciatica, Ebel in cases of arthritis, and Trusen against paralysis of the lower extremities, in the removal of which he has seen it uniformly efficacious after a variable lapse of time. He advises a bath at a temperature of 90 to 95 degrees Fah., medicated with the bichloride, and in which the patient should remain for half an hour daily, perspiration being kept up after coming out of the bath by remaining in bed for a few hours, and taking warm drinks. Dr. Trusen states that he has never witnessed untoward symptoms from the use of the corrosive sublimate thus employed; only in one case a moderate salivation supervened after the use of the fortieth bath.—*Hufeland's Journal.*

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*Croton Oil for the cure of Hoarseness.*—The hoarseness proceeding from laryngeal and tracheal inflammation, as well as that of an idiopathic kind caused by long speaking or singing, or that, again, which supervenes during fevers of a typhoid type, has been treated successfully by the external application of croton oil. Dr. Trusen, of Posen, whose experiments and observations have already been often noticed in our pages, employs friction, with from five to ten drops of the oil over the larynx. But he takes care to extend the friction over a small area, as the pustular eruption it causes has a great tendency to spread, particularly in persons with an irritable spine, for whom it ought to be used mixed with olive oil. The salutary effect of this remedy is first announced by an increase of expectoration. The croton oil thus applied exerts no laxative effect on the bowels.—*Id.*

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PUERPERAL METRO-PERITONITIS THREE DAYS AFTER DELIVERY,  
COMPLICATED WITH SEVERE PECTORAL DISEASE.

From a Clinical Lecture at the Hotel Dieu, Paris, by A. F. Chomel, M.D.

At No. 3 of the Salle St. Bernard, commenced Dr. Chomel, is a woman who is attacked with puerperal metritis. The disease first appeared at the Maternity Hospital, where the woman was delivered. She tells us that, having suffered a good deal of distress from her position in life, her pregnancy was accompanied from the commencement by a *malaise*, nearly constant; and that when it had reached the seventh month, she suffered so much that she determined on entering the Maternity, where she was soon afterwards delivered. The labor, it appears, was natural, but afterwards there was an abundant flow of blood, and subsequently severe pain in the hypogastrium.

On the third day after delivery she had a chill, the breasts swelled, and the abdomen became painful. Leeches were applied to the abdomen, which diminished somewhat the intensity of the pain; she had, however, general *malaise* until the seventh day, when she left the hospital and went home in a carriage, which seems to have shaken her a good deal. On reaching her house she was taken with a chill, with pains in the limbs and lower part of the abdomen. She then determined on entering the Hotel Dieu, where we found her condition as follows:

At first sight of this patient there was an air of suffering and oppression. The belly was voluminous and meteoric; touching it gently produced pain, especially when you pressed on the hypogastric region. For two days previously she had had repeated bilious vomiting, with small alvine evacuations. On examining her *per vaginam*, we found the os *tincae* soft, and a little sensible; but on introducing the end of the finger into the neck of the uterus, and endeavoring to displace that organ, there was abnormal immobility, which seemed due to adhesions, which the fundus has contracted with the adjacent organs. On pressing with the hand on the hypogastric region, whilst the finger of the other hand was in the neck of the uterus, some obscure motions were determined, and we found that the fundus was several inches above the pubis. The finger, on being withdrawn from the vulva, was bathed by a whitish, sticky liquid, somewhat fetid.

This collection of symptoms did not permit us to doubt, for a moment, the existence of a metro-peritonitis, in which the peritoneum was



secondarily affected, which most frequently happens ; the peritoneum ordinarily inflames after the uterus.

As general symptoms, we had great dryness of the tongue and mouth, with thirst. The skin was hot, the pulse 140, and the features very much changed.

This affection differs materially from that which we call post-*puerperal metro-peritonitis* ; it is, as a general rule, a much more severe disease. In our patient, happily, it appeared several days after her delivery ; the initial chill occurred on the third day. Now, the more remote the period of the chill is from the day of delivery, the less severe is the disease which supervenes. The post-*puerperal metro-peritonitis* is, in this respect, like those *phlegmasiæ* which are produced by exterior causes, and which are always less grave than those which succeed to some general spontaneous cause ; whilst *puerperal metritis* is consecutive to some profound general alteration of the system, having for a principal phenomenon one or more chills, and is always a very grave disease. There is always fear of inflammation, either of the veins or of the lymphatics ; and in either case the disease is serious. We have the more to fear a disease of this nature in our patient, from the fact that an epidemic of this kind is at present reigning at the Maternity, where she was taken sick. Hence our prognosis yesterday was unfavorable, although there were some encouraging symptoms.

To-day her condition has not improved. Her pulse is very frequent (160), and very small. Her features are very much drawn, and her face has an earthy tint, which is always a bad omen. The discharges from the vulva are becoming intolerably fetid. They have the odor characteristic of metritis, where great alteration in the organ has occurred. On examining her this morning, I discovered on the anterior face of the vagina a tumor, with distinct fluctuation, which at first led to the suspicion of a purulent collection ; but on introducing a catheter into the bladder, a large quantity of urine escaped ; and on re-examining her, the tumor had disappeared. There was here, therefore, a state of atony of the bladder, inducing retention of urine. It is, besides, a common symptom in women recently delivered ; and you should, therefore, always attend to the state of the bladder.

In the course of yesterday she complained of pain in the right side of the chest. On percussion it was found flat ; on auscultating her we discovered the respiration obscure below, and superiorly a bellows sound, with bronchial respiration. Here, then, we have a pleuritic effusion, complicating *metro-peritonitis*. It might happen that the liver, swollen, and pressed upwards, causes the dulness at the inferior portion of the right side. But at the superior portion of the lung respiration is obscure, and otherwise slightly anormal. We must, therefore, admit absolutely a lesion, not only of the pleura, but of the parenchyma of the lung itself. These symptoms, of course, render the prognosis more grave.

A large blister has been applied over the whole anterior surface of the right side of the chest, in the hope of making a favorable revulsion, both for the disease of the abdomen as well as that of the chest. At the

same time we prescribed emollient injections, with the addition of the chloride of lime, into the vagina, with the view of correcting, as much as possible, the fetid nature of the discharges. Mercurial frictions on the abdomen, and purgative enemata, constitute the remainder of the treatment.

[Three days subsequently the patient succumbed. At the autopsy, there was found in the uterus a portion of placenta, with several coagula, surrounded by a sanious fluid, extremely fetid. The size and consistence of the uterus was nearly natural; its walls were in the condition we usually find them in on the eleventh or twelfth day after delivery. The uterine veins contained neither pus nor blood. In the broad ligament only there was a cavity of the size of an almond, filled with purulent matter. The peritoneum was covered with false membranes. In the peritoneal cavity there was nearly a pint of pus. There were false membranes in the pleura, especially about the summit of the lung, as well as upon the convex surface of the liver.]—*Phil. Medical Examiner*.

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#### IMPULSIVE AND HOMICIDAL INSANITY.

From Dr. Woodward's Tenth Annual Report.

MANY cases of insanity exhibit no delusion, nor even permanent excitement. Monomaniacs converse well at times, and on many subjects. They are often irritable, excitable and passionate, but when not disturbed are calm and intelligent. The moral sense is as active and correct, with them, as with other persons; they know right from wrong, are sensible of their errors, lament the consequences of their excitement, and strive to control themselves, that they may do right and appear well. Many such cases are exceedingly conscientious, fear to do wrong, and are anxious to make reparation or acknowledgment.

Many insane persons know their condition, know their own weakness, and yet are not always able to counteract the influences that excite them to mischief. They are governed by impulse, which is excited so suddenly that the counteracting or antagonizing influences do not move seasonably to prevent mischief. This is their disease. The active propensities are quickened, and the counteracting moral sentiments are more tardy. As is commonly said, the individual acts before he thinks, and in a moment often regrets what he has done.

The impulsive insane are often irritable, restless and jealous. Sometimes they have delusions, and sometimes not. Their delusions frequently seem to have no connection with their outbreaks of violence. They are often the *best*, and at the same time the *most dangerous* class of patients in the asylums. They have little of the charity of the world, are most likely to be punished for their offences, and yet have the least control over their conduct.

One man in the Hospital, the past year, went out to do a small job of labor. In the absence of his attendant, the thought came into his head that he would go and see his brother, a distance of forty miles. He



dropped his tools and went off. He walked with great rapidity some hours; and then came the reflection—"Should I have left the Hospital in this way?" The reason why he should not have left did not occur to him till he had got far away, and then he was anxious to return. He inquired the way, wandered a great distance, and finally, coming to a rail-road, took passage and returned. He was overjoyed to get back, and seemed as well as usual, but much fatigued. This man killed his wife under the influence of one of these impulses. He is a good laborer, conscientious, judicious and honest. These impulses occur but rarely. He has always been trusted to labor alone, or with companions. Twice, in ten years, he has gone off under such an impulse, and returned voluntarily after it left him.

Another man, who is more constantly insane, left the Hospital under a similar impulse. He travelled two days, and then felt that he must return. He tried to hire the landlord with whom he stayed to bring him back, which he declined doing. He then endeavored to find his way back, but got into the wrong range of towns, and passed by. He was finally returned by a landlord whose house he visited, and a moderate sum was paid to the messenger for his trouble. The patient almost daily expresses his regret that so much money should have been paid for his return, when he could as well have come back alone, if he could have found the way. He declares he will never run away again. This man killed a neighbor, twenty-eight years ago, under the influence of one of these impulses.

Some time during the last summer, a patient was at work in the field, hoeing corn. His attendant directed him to vary his labor in some way. In a moment he raised his hoe, and struck him over the head. The wound bled freely, and looked more severe than it really was. The patient and the wounded man both returned to the house. Language cannot describe the suffering of this unfortunate man. He inquired of me most earnestly if the wound was fatal—if the man could recover. He was pale, agitated, trembling, expressed his sorrow and regret that he had done the deed, and begged that he might see the wounded man and obtain his forgiveness. After the wound was dressed, the man went into the apartment to see the patient, and fell upon his knees and asked forgiveness in most imploring language, expressing his sorrow for what he had done. This man also committed homicide some years ago, and now expresses his sorrow, protests his innocence of the crime, and daily prays to God for his forgiveness.

Many of the petty outbreaks in the institutions for the insane, such as breaking glass and crockery, tearing clothes and bedding, sudden excitement of passion, &c., are the result of these impulses, no less than the more serious matters of suicide and homicide.

Suicide is not always impulsive, though it is very frequently so. I have known many instances in which the fitness of the place and the means at hand seemed the causes that impelled to the act at the time.

Many persons contemplate suicide, fear that they shall in an unguarded moment perpetrate it, prepare and keep the means at hand for days and

weeks together, and yet never attempt it ; such a person may do it afterwards under a momentary but strong excitement of the feelings.

A patient now in the Hospital, who is very impulsive, has informed me that he has plunged into the water many times, with the intention of suicide, but that the effect of the water had always been such as to remove the desire of self-destruction, and he had immediately struggled to save himself.

One patient, who was very suicidal, informed me, after recovery, that, when he was insane, he contemplated suicide ; had the greatest dread of it, and fear that he might commit it ; urged his friends to keep everything out of his way, lest he might be induced to take his own life : and yet, at the same time, he would carry a razor in his pocket for days together, and secrete it under his pillow at night.

A patient now in the Hospital will often give up knife, scissors, and every weapon that may be used for self-destruction, and yet these same instruments will, at another time, be found secreted under the bed, though they have never been used. This shows that the subject is frequently in mind.

The result of my inquiries in regard to suicide is, that, while it is a subject often considered by the insane melancholic, yet, when the deed is done, it is more frequently under the excitement of one of these impulses, which hurries its victim to the deed of daring before the antagonizing influences are excited.

There have been fifteen persons in the Hospital, who have actually committed homicide under the influence of insanity ; and five others have made desperate attacks with deadly weapons, or inflicted wounds that did not prove fatal. In most of these cases, the fatal deed was done under the influence of insane impulse, which we have been considering.

In general, homicidal insanity is impulsive ; in a few cases only, so far as I have known, has there been any considerable premeditation of the act, even in cases of supposed command from powers which the insane individual felt bound to obey. The command and the execution of it are both impulsive, and generally follow one another in such quick succession that the opposing influences are not aroused to interfere and prevent the deed.

The interest at present felt in this subject, and the necessity of having all the facts that can be collected in a tangible form, have induced me to present in this report a brief history of the fifteen homicidal cases that have been under my care.

Seven of the fifteen cases of homicide that have been in the Hospital, were not considered insane before they committed the act. They were at work at their several employments, were not observed by those associated with them to have any evidence of alienation of mind, knew as well as others right from wrong, how to manage their affairs and conduct business well. The first overt act of insanity was the homicidal act, and that was impulsive. Yet in all these cases the symptoms of insanity have been clear and decisive since the patients came to the Hospital.



In this connection it may not be improper to say, that of all the cases that have come to my knowledge, and I have examined the subject with interest for many years, I have known but a single instance in which an individual arraigned for murder, and found not guilty by reason of insanity, has not afterwards shown unequivocal symptoms of insanity in the jails or hospitals where he has been confined; and I regret to say that quite a number who have been executed, have shown as clear evidence of insanity as any of these. In a large proportion of the cases, the insane man is desirous to keep the evidence of his mental alienation out of sight rather than to present it, while he who feigns insanity generally presents it in caricature.

I am aware that the plea of insanity is often made in criminal trials, and may be made so often as to excite public prejudice; but till the subject is better understood, it cannot be too frequently or too thoroughly investigated. The old boundaries *have been* or *will be* broken down, and new principles will govern courts and jurors in deciding upon the lives of their fellow men.

The abstract principles of right and wrong are as well understood by a large proportion of the inmates of insane hospitals as in the community at large. Even in sane communities, the question of *right* and *wrong* is every day considered by courts and jurors, and how often are they unable to agree as to what is right or decide what is wrong! In many cases of controversy the parties are often both honest in their opinion of *right*, though diametrically opposite to each other. Shall more be required of insane than of sane men, in such circumstances?

So far as I have been able, I have obtained some account of the trials of the cases of homicide that have been in the hospital; when I could not do this I have taken the history of the patients given by the officers who brought them to us, or by their friends, whom we have subsequently seen. We have also many circumstances of the cases from the patients themselves, who are the only persons that know the principal facts connected with them, and are able to state minutely every transaction. Some are indisposed to talk about it, others are greatly disturbed if the subject is mentioned, and two or three are too much demented to give any account of it.

#### POISONING BY ARSENIC.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following case of arsenical poisoning was sent me by Dr. Gilman Davies, of Portland, Me. It appears to me particularly interesting from the quantity taken and the absence of any acute suffering, without any co-existent narcotism. I send it to you for insertion, if you think proper.

Yours, &c.

J. C. WARREN.

*Boston, April, 1843.*

On Wednesday, November 30th, at 1-4 to 2 o'clock, P. M., was called

to see Mrs. Moore, a widow woman with five children, residing in Pleasant street. The woman who came for me said "they were afraid she had been taking something to make way with herself." I went instantly to the house, and arrived there at about 2 o'clock. There were two or three of the neighbors present; but the eldest daughter, who was the only person who had been in the house with her mother during the day, and consequently the only one who could have given me any definite information, had become excessively alarmed, and had left the house.

I found the patient lying on her side in the bed, with her clothes on. Her eyes were closed; the cheeks flushed; the heart laboring, but with no perceptible pulse at the wrist; the breathing natural; the hands and legs of natural temperature, but the feet cold. In the bowl by the bedside was some greenish matter which she had just been vomiting—and they told me she had been vomiting a similar fluid all the forenoon. They likewise said she had been purged. The symptoms seemed to indicate arsenic as the poison taken, and I so stated to those present. They then told me that whatever it was, it had been taken about 8 o'clock in the morning, and that it had been procured at Mr. Gale's apothecary store. The woman herself, though hearing and looking up at me, when I addressed her, would answer no questions then. I immediately despatched a messenger to Mr. Gale's store to ascertain if he had sold medicine to such a person, and at once proceeded to assist the vomiting by a copious exhibition of the albumen of eggs in milk; concluding that the time which had elapsed since the taking of the poison made a resort to the sulph. zinci or the stomach pump of no avail; and I also gave the carbonate of iron in large doses at intervals, the hydrated sesquioxide not being obtainable here. The messenger returned and brought back word that Mr. Gale had sold about a half ounce of arsenic to the patient. (Mr. G. afterwards informed me that the quantity must have exceeded a half ounce considerably—but as he did not weigh it, we could only ascertain the quantity indirectly by his taking in his hand the amount sold as he remembered it, and then measuring it.) I again went to the bedside and asked the woman what she had taken. She asked me if Mr. Gale did not tell me. I replied that he said it was arsenic, and she then said it was. I asked her if she had taken all of it, and she said "Yes"—speaking with some effort, but with composure.

Deeming any further exhibition of the iron as futile from the immense quantity of arsenic taken, and the length of time that had elapsed, and any hope of saving the patient's life equally vain, I contented myself with exhibiting the albumen of eggs in milk, at intervals, and applied a mustard sinapism upon the epigastrium and one to each foot.

The symptoms previous to my arrival at the house I learned directly from the daughter the next day, so far as she had observed them, and I give them as she related them.

The patient was a strong and healthy woman of good stature and full habit, but had long been laboring under mental depression. On the morning of the 30th, she told her daughter that she did not feel well, and should take some salts. This was between 8 and 8½ o'clock. She



then went up stairs and soon returned with a tin pint with fluid in it, which she set upon the stove. After it had remained there a short time, she took it up, looked at it a moment and swallowed the contents. She then re-filled the pint with warm coffee and drank that also; then went to the porch and rinsed out the pint. She then put on her bonnet and went into one of the neighboring houses—sat about a quarter of an hour—remarked to them that she should not live long, and then returned to her own house. As soon as she got home she threw herself upon the bed, and almost immediately began to vomit. To my question as to what she vomited, the daughter replied “it was a greenish matter, and once or twice towards noon some streaks of blood.” She could not tell how often her mother vomited, perhaps every fifteen or twenty minutes. I asked her if her mother complained of pain. She said no—nor did she groan as if in pain when raising herself in bed to vomit. She was not thirsty, never asking for drink. During this time and till after 1 o'clock there was no one present save this daughter (a girl of 19 years). After the mother had laid in this state for two or three hours, the daughter asked her what she had taken to make her vomit so. She replied that it was an emetic which she had taken. The daughter then heated some water and gave it to her mother to “make her vomit easier.” After vomiting, the mother always insisted upon the daughter’s emptying and cleaning the bowl. Things went on in this manner till about 1 o'clock, when she was purged for the first time since taking the arsenic. Soon after a neighbor called in, who, becoming alarmed, sent for some other women in the neighborhood, and I was then called.

I remained with the patient till her death (which occurred at 5 o'clock, P. M.,) with the exception of about one hour, during which I was obliged to be absent. She continued to vomit at intervals of twenty-five or thirty minutes till about 4 o'clock, and was purged four times during that time; the discharges from the bowels being always liquid and green, but never offensive. She complained of no pain or thirst; nor did she groan as if in pain; but to my question as to whether she suffered any pain, she said yes, in her stomach and bowels. Once only in the matter vomited I noticed a little florid blood. She died quietly, without any convulsion.

An examination, *post-mortem*, could not be obtained, though I urged it very strongly.

#### QUININE IN INTERMITTENT AND REMITTENT FEVERS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—After several years’ practice in the West, where intermittent and remittent fevers prevail, and after watching the medicinal operations of sulphate of quinine upon the system in these diseases, my former views in regard to its operation have become entirely changed. Heretofore I have regarded it as a powerful tonic, and admissible only where there was a perfect intermission (which is, I believe, the generally received opinion). I have, within the last three or four years, given it without regard to the inter-

mission, remission or exacerbation, and with decidedly better success. A remittent very soon becomes intermittent under its use. We will take, for example, a case of *bilious remittent*, which is the most common form of fever in this Valley. After the bowels are thoroughly evacuated with mercurial cathartic, commence with one grain of the s. q. every hour, and it is rarely necessary to continue longer than thirty-six hours before there is a perfect intermission. Before its use, the pulse was from 100 to 120; skin hot and dry; tongue dry; great thirst; violent pain in the head and back. After the system has been kept under its use for a few hours, all these violent symptoms entirely vanish, and a speedy convalescence ensues.

Now what is the medicinal operation of the sulph. quinine on the system? I know of no article in the whole *materia medica* which produces the same results. It has been accused of producing enlargements of the spleen. I have frequently known it reduce them, and I verily believe that it is among our most valuable remedies in chronic enlargement of that organ.

If you should consider this hasty communication of sufficient consequence, you are at liberty to give it a place in your valuable Journal, for the sole purpose, on my part, of eliciting some light—for it does appear to me that this very valuable article of our *materia medica* is but imperfectly understood. I would propose that some more able than myself in the profession communicate their views, and I may at some future day give a detailed account of the many cases where I have administered the article, and the results.

S. S. RANSOM, M.D.

Burlington, Iowa, March 20, 1843.

#### “BRASS RATCHETS AND CORSLETS.”

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—In your Medical Journal of March 15th, my attention was arrested by the perusal of an article with the above caption, and signed by J. B. Brown, M.D., of Boston. I do not now offer any remarks for the purpose, merely, of answering Dr. Brown, but with a view, only, of correcting an important error, in his opinion, of the *brass ratchets and corslets*, as operating injuriously upon “many females,” who, he says, have used them. It so happens that I have a daughter, 14 years of age, who has been severely afflicted with *curvature of the spine*, and she has been under the successful treatment of Dr. Abbe for a few months past.

Judging from what I have seen, and from the inquiries I have made at various times, and professionally feeling desirous to understand, correctly, the *principle* on which Dr. Abbe applies his instruments in this class of diseases, I am induced to say, candidly, that I feel *perfectly satisfied* with Dr. Abbe’s mode of treatment throughout, and my wife avers that she is *perfectly delighted* with his management. This case was considered by all who saw her, previous to anything being done, to be a *serious one*, and the subject of it had always enjoyed very feeble health,



and was growing more feeble till the time that Dr. Abbe began with her—but now she has recruited very much in her general health, and the spine has become completely straight, and we have no doubt in a proper time that it will acquire its original strength.

If Dr. Brown be correct in his general views of the “alarming effects of the use of these instruments on the health of many females who have worn them,” how could it happen in the case just referred to, that she should have improved so fast, and ultimately so effectually? If patients were liable to suffer so essentially—if these *ratchets and corslets* were in reality so “injurious” in their application, as has been stated by Dr. Brown, then I should presume, unhesitatingly, that this patient would have been the right one to have grown much worse. But this is not the fact—she began to improve from the first day, and has continued convalescent, gradually, ever since. If he wishes, Dr. Brown can have ocular demonstration of this statement, by calling at my residence, and if this will not convince him, then he would not be convinced “if one should rise from the dead.” I do not assert this from the supposition that he will finally prove so obstinate as not to be willing to be open to conviction—but allowing he should resist all rational evidence against his own favorite theory.

I have also good reason to believe, from many credible sources of information, that Dr. Abbe has been, generally, very successful in treating his spinal cases, and others of a similar character. Dr. Abbe appears to understand very well the laws of the economy, with all its functions, and philosophically adapts his instruments in accordance to these laws, and does not “impede the functions of all the thoracic and abdominal organs”—but, on the contrary, these instruments, when properly fixed for the case, are calculated to expand and enlarge the contracted capacity, so as to give a natural action to the respiratory muscles, or any other part which may be suffering from disease.

In view of all these facts, I am obliged to differ, in opinion, very widely, from Dr. Brown, and think Dr. Abbe would have failed in obtaining “a premium”—“if he had lived in the time of the inquisition”—for life seems to be preserved by him, rather than “certain death” produced.

In writing the foregoing, I have no further interest in the matter than the vindication of *truth*—and hope that my “*squib*” will prove equal to a “*thirty-two pounder*” in removing “fallacious impressions,” and remedy the evils which have been created” in this “unfortunate” medical oppugnation.

In concluding, I have the satisfaction of informing the medical faculty and the community in general, that Dr. Abbe is a regularly-educated physician, and obtained his medical degree and diploma at Yale College, Ct. I have always found him an accomplished and amiable gentleman in his deportment, and esteem him, as far as my acquaintance with him allows, as a man worthy of public confidence in his profession.

Boston, March 20, 1843.

Yours with respect,

ROBERT CAPEN, M.M.S.S.

## CASE OF SALAAM CONVULSION, WITH REMARKS.

[WE find the following interesting case related, in the last No. of the American Journal of Medical Sciences, by Dr. E. P. Bennett, of Danbury, Ct.]

In the No. of this Journal for July, 1841, p. 187, I noticed the report of a case of that peculiar form of convulsive disease called Salaam convulsion, by Dr. West, of Tunbridge, England ; and in the January No. for 1843, p. 243, another slight case by Dr. Barton, of Pennsylvania. Both these writers speak of the disease as being exceedingly rare, and both consider its pathology as entirely unknown. That it is a rare form of disease will be admitted by all. Seven cases only are to be found on record in all Europe. Four of these cases occurred in the practice of Sir Charles Clark ; two in the practice of Dr. Locock, and one case only came under the observation of Sir Astley Cooper. No case, so far as I can learn, has been recorded in the United States, previous to Dr. Barton's, which was a very slight one, indeed hardly sufficient to show the peculiar form of the disease.

The rarity of the disease, the obscurity of its pathology, and the disastrous results which have occurred in most of the cases reported, have induced me to send you the following report of a very severe and strongly-marked case which occurred in my own family, together with my views of its pathology, and the course of treatment which ultimately proved entirely successful in subduing the disease and restoring the patient to sound health.

The subject of this case was my own child, a twin son of six years old. He is tall and slender, with a constitution decidedly scrofulous, but had always enjoyed good health previous to his attack ; was always sprightly and active, but could not endure fatigue as well as his twin brother. In December, 1841, I observed him one day, while apparently in good health, holding by the side of a door for support, and acting as though his right leg was useless. I at first supposed him playing, but soon found the leg was entirely powerless, though retaining perfectly its sensibility. I took hold of his arm and supported him, but he could not stand upon or move the leg at all ; he complained of no pain, and in the course of a minute regained the use of the limb and returned to his play with his usual activity. These turns occurred once in a week or ten days for three or four weeks. While actively engaged in playing he would suddenly fall down and lie from thirty seconds to a minute without the least convulsion, and perfectly conscious ; he would then jump up and away to his play as lively as ever. In January, 1842, the leg began to be convulsed ; it would gradually contract until the leg and thigh became completely flexed ; it then gave two or three convulsive twitches and became perfectly paralyzed in regard to motion, for a minute or so, and then gradually regained its power, but not so suddenly as before. The attacks now also came on during sleep, and he complained of a sensation of falling out of bed. Previous to this I had done nothing for him. My first impression was that it was the result of an irritation in the first passages from worms or crudities, reflected upon the muscles of



voluntary motion, through the medium of the spinal marrow, and I commenced my medication in accordance with these views. I gave calomel, pink root, spts. turpentine, &c., until I was fully satisfied that the fault was not in the stomach and bowels. By this time the affection had extended to the right arm, which was drawn up at the time in the same manner and with the same effect as the leg. I now turned my attention to the spinal marrow as the immediate seat of the disease, but after a most careful examination of the whole spinal column I could not detect the least tenderness in any part of it; yet so fully was I satisfied that the disease consisted in a sub-inflammatory state of the meninges of the spinal marrow, or roots of the nerves, that I laid a blister over the spine, reaching from the occiput to the loins; as the blister began to irritate, the spasms were decidedly increased, which confirmed me in my views of the pathology of the case. After the first irritation of the blister had abated, the spasms abated, and in a few days he was as well as usual.

After continuing well for about four weeks, he had a renewal of the disease, which now assumed a much graver form, and proceeded rapidly to complete development. He had at that time seven spasms in pretty quick succession; the spasms extended to the left leg, then to the left arm, and then to the head. The disease was now fully formed, and underwent no change until it was subdued, which was about the first of April. The leg and arm of the right side were in a tonic spasm; the left leg and arm in constant motion of flexion and extension; and his head in violent motion backward and forward as far as it could possibly go. The spasms were very violent, and lasted from one to two or three minutes. He was perfectly conscious, and would answer any question put to him, although it evidently hurt him to speak, as there was some spasm about the muscles of the throat and mouth. In consequence of the good effects of blistering in the first attack, I again returned to their use, but as the lower limbs appeared to be the first attacked I applied them to the lower part of the spine; I repeated them again and again, but they did no good; I leeches him at the base of the occiput, gave him blue pill and ext. hyoscyamus, opium, &c.; but the disease increased most fearfully, and he soon had as many as fifty convulsions in a night. He could not be left alone a moment, as it was necessary for at least two persons to stand by him, to hold his limbs, but more particularly his head. He was perfectly aware of their approach, and would speak to those with him to hold his head. The paroxysms were now productive of severe pain while they lasted, and from their frequent recurrence kept him paralyzed, so that he could use his limbs but very little; he was almost entirely deprived of sleep, and was fast declining in every respect.

I now called in Dr. Comstock, an aged and respectable practitioner, who had been long engaged in practice, but he said he had never seen a similar case. He was of opinion that the disease was in the brain and would ultimately prove fatal. I consulted, by letter, Professor Ives, of New Haven, who wrote me he had never seen a similar case. He recommended pellitory, assafetida, &c., which I tried without the least effect; I now tried warm bath, empl. stramonium to spine, with cordials; all did

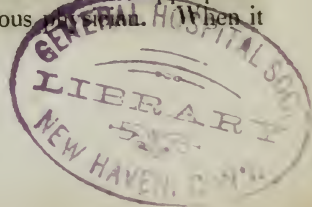
no good, and I sent to New Haven for Professor Tully. Before he arrived my son became so much worse that I resolved to try opium in large doses, to procure if possible a little respite from his sufferings. I gave him almost two grains of opium every two hours for ten or twelve hours; he then became quiet and slept two hours.

During this period of quietude Dr. Tully arrived; soon after his arrival the spasms returned with as much violence as ever. Dr. Tully said he had never seen a parallel case, but he coincided with me in regard to the seat of the disease, and recommended a continuance of the opium in sufficient doses to quiet the spasms. It was accordingly continued through the night in large doses, and he slept about four hours, but the next day they resumed their former violence, and as he was evidently suffering from the effects of the narcotic I discontinued its use. By the advice of Dr. Tully, I now gave him the twentieth of a grain of strychnine, and I am quite sure that if I had repeated the dose it would have destroyed him. It brought on a complete tetanic state of the whole body, which was truly awful, and from which he suffered most cruelly. I immediately gave him some ipecac., which soon produced vomiting and relieved him of the tetanic symptoms, but left him very much prostrated.

Although he had been extensively and repeatedly blistered, as everything else had failed to relieve him I resolved once more to resort to that remedy as a last effort, promising myself that if it failed I would desist and leave the case, at least for a time, to nature; I therefore spread two blisters, each twelve inches long, and placed one on each side of the spine from the base of the skull downward. He suffered very much during the time the blisters were drawing, but as soon as the vesication was complete the spasms began to abate in violence and frequency, and in the course of a week left him entirely, and have never returned. He regained his health rapidly, and has enjoyed good health ever since. Counter-irritation I am satisfied was the principal agent in subduing his disease; and if I had in the second attack, as in the first, applied it to the upper instead of the lower portion of the spine, I am satisfied that he would have recovered much sooner. The fact was, I blistered below the seat of the disease, and of course did no good.

*Remarks.*—This peculiar form of convulsion I believe always depends upon irritation of the spinal marrow either direct or indirect. In the case of my son the irritation was direct, and depended upon a sub-inflammatory condition of the meninges of the medulla or roots of the nerves. In Dr. Barton's case the irritation was indirect, and reflected from the stomach and bowels in consequence of an irritation produced there from acrid ingesta, as the result of the treatment most conclusively proves.

The treatment of this disease, when it depends upon worms or other irritating substances in the first passages, is of course very simple. If there is reason to suspect worms, a strong decoction of pink-root, followed in an hour or two with a table-spoonful of castor oil and a tea-spoonful of spirits turpentine, is the most certain vermifuge I have ever tried. If upon other derangements of the stomach and bowels, the appropriate remedies will suggest themselves to any judicious physician. (When it





depends upon a primary affection of the medulla spinalis, the treatment is more complicated and difficult; a variety of modifying circumstances will of course vary the treatment in different cases. After due attention has been paid to the state of the stomach and bowels, I consider counter-irritation of the first importance; I prefer blisters to all other modes of counter-irritation; I would also use alteratives, particularly the protoiodide of mercury combined with extract of conium or hyoscyamus, especially if there was a scrofulous condition of the system. The other preparations of iodine may also be advantageously employed, as the hydriodate of potassium, or if there is much debility iodide of iron. I do not pretend to lay down a course of treatment from observations drawn from a single case; I have only thrown out a few suggestions, thinking that they might possibly be of some use to those who may hereafter be called to treat this novel affection.—*Amer. Jour. of Med. Sciences.*

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

APRIL 19, 1843.

*Elements of Materia Medica and Therapeutics.\**—No publication, legitimately belonging to the profession, has given us more pleasure than the great work of Dr. Pereira. Much praise is due the publishers for bringing out such a voluminous and costly work in an American dress. Although parts have been omitted in this edition which were appropriate in the English copy, Dr. Carson, of Philadelphia, has made notes and additions which more than counterbalance any apparent loss. It would be quite a laborious undertaking to particularize the excellences of this very admirable system of materia medica. The author displays a world of learning, and yet is never tedious. But one important circumstance is, that there is not an article known to civilized man, from the earliest times down to the last chemical discovery, in the way of medicine, that is not presented to the reader. There is an orderly arrangement, too, which is equally serviceable. Were we to attempt an exact description of the contents of this work, the titles of the chapters alone would occupy more space than we can spare.

Reviewers will spring up in abundance to designate its beauties and defects, as a thing of course, especially as it has passed through the condensing ordeal of Dr. Carson. Let them say, however, what they may, it cannot alter the destiny of the book, which is a high one; and we urge it therefore upon physicians, wherever these observations may circulate, to procure it at once. As circumstances permit, from time to time, such notices, extracts, &c., will have place, as may tend to unfold the claims of

\* The Elements of Materia Medica and Therapeutics. By Jonathan Pereira, M.D., F.R.S., &c., with numerous illustrations. From the second London edition, enlarged and improved, with notes and additions by Joseph Carson, M.D., Professor of Materia Medica and Pharmacy in the Philadelphia College of Pharmacy, and one of the editors of the American Journal of Pharmacy. Philadelphia: Lea & Blanchard. 1843. Two vols. 8vo., pp. 1556.

an unsurpassed system of *materia medica* and therapeutics, to our medical friends. We cannot forbear expressing our individual thanks to Messrs. Lea & Blanchard, and to Dr. Carson, for placing within the reach of students, for about six dollars, two elegant volumes which cost fourteen in the London market.

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*Meteorology.*—Reference has been made, in times past, to the indefatigable industry of Dr. Samuel Forry, of New York. He grapples with subjects that no one else engages in with such zeal or success. The latest of his scientific productions is entitled—“*METEOROLOGY: comprising a description of the atmosphere and its phenomena, the laws of climate in general, and especially the climatic features peculiar to the region of the United States; with remarks upon the climates of the ancient world, as based upon fossil geology.*” The chart of his investigations is exceedingly extensive, embracing an ample domain for the exercise of a genius for philosophical researches. An essential defect, growing out of the manner in which it is published, is that there is no index: the leaves must be turned and returned till one is weary, to find any particular subject. Hoping soon to see the work assume some new form, with all the appropriate fixtures of a regularly-constructed book, including a firm cover, we shall offer no other objections to its mechanical dress. We give Dr. Forry full measure of credit for learned, patient investigation. He has no competitor in the departments in which he is engaged. Long may he live to gather new laurels for himself, while he diffuses knowledge among men.

Each chapter is divided into sections, and each topic, therefore, embraced in the broad term *meteorology*, is elaborately discussed. The first leading consideration, is the *atmosphere and its phenomena*; second, *climatology*, or *researches in elucidation of the laws of climate in general, and especially the climatic features peculiar to the region of the United States*. The article on *ancient climates* is from the pen of Dr. Charles A. Lee—and is a curious and interesting inquiry. Interwoven with the main text, are many excellent illustrations on wood, explaining, for example, *parhelia* or mock suns, *spectre of the Brocken*, *zodiacal light*, &c. besides diagrams of various kinds, extremely interesting to philosophical inquirers.

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*Transactions of the Medical Society of the State of New York.*—Part III., Vol. V., brought down to February, 1843, has been issued. Some good things are noticeable in this No. The prize dissertation on the Nervous System, by Nathan S. Davis, M.D., is well executed. He is certainly a thinking man, and belongs to the workers. Homœopathy illustrated, by Thomas W. Blatchford, M.D., delivered in Troy, 1842, before the Rensselaer County Medical Society, is called, in a resolve of the members, “an ingenious and interesting address”—and so it is. Article 10th is on insanity, by the late President of the Society, C. B. Coventry, M.D., which we have not yet had time for reading attentively. Lastly, there follow the doings at the late annual meeting, as minutely given as could be wished. Dr. Samuel White was elected president for the next term. Drs William W. Minor, Peter Van O’Linda, John Hepron, Matthias B. Bellows, Samuel Shumway and Samuel Maxwell, were nominat-



ed to the Board of Regents of the University, for the honorary degree of Doctor in Medicine. All the materials of this part of the fifth volume possess a sterling value.

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*New York Journal of Medicine.*—Samuel Forry, M.D., whose name appears in the Journal to-day, in connection with an interesting department of science, has been secured in the capacity of editor of a new medical periodical, to be called the New York Journal of Medicine and the Collateral Sciences. It is to be published by the highly respectable and enterprising house of J. & H. G. Langley. The price is fixed at \$5, in advance, the Nos. to appear at intervals of two months. It is wholly unnecessary to speak of the distinguished qualifications of Dr. Forry for undertaking this publication. The entire élite of the profession in New York approve of the plan, and will undoubtedly render efficient and substantial aid in giving it perpetuity. Dr. Forry has our very best wishes for his success, and we cheerfully tender him any neighborly assistance in our power towards facilitating the labors of the chair. We extract the following from the prospectus :

“The New York Journal of Medicine will contain in each No. 144 ample octavo pages; and in addition to this there will be furnished to each subscriber, the first volume, that is, *the third part*, of a translation of Velpeau's '*Nouveaux Elémens de Médecine Opératoire*,' containing in the original 3083 pages, independent of an atlas in quarto of 22 engraved plates. This great surgical work is now being translated by an able physician of New York, and the subject matter will be submitted to the inspection and supervision of Dr. Valentine Mott, from whose manuscript lectures, notes and cases, there will be incorporated with the text, in brackets, several hundred pages of new matter, presenting a more clear, detailed and exact account than has ever before been published of the great capital operations performed by that eminent surgeon, and of all the leading new operations and processes of surgical cure established by him. There will also be added whatever has occurred of interest in relation to the discoveries and improvements in surgery, both in this country and in Europe, since the publication of the last edition of Velpeau, in 1839.”

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*The New England Quarterly Journal.*—In the No. of the Western Journal for July, 1842, edited by Drs. Drake, Yandell and Colescott, a friendly notice was introduced of the advent of the New England Quarterly, in which the following paragraph occurs—“Some of our exchanges—the New York Lancet, for example—predict that it will be a failure, on account of its *trimes-trial* character, and express a doubt whether anything can succeed, save a cheap weekly journal. With due deference to them we think differently. The rage (if such there be) for hebdomadals, will be short-lived and work its own cure.” “On the whole, we augur very favorably of this periodical.” Commendatory notices were also bestowed upon it by other scientific journals—and we saw no reason to doubt of a respectable portion, at least, of the success which we knew it would merit. To our extreme regret, however, we learn that the loss in publishing it for one year is such as utterly to discourage the proprietor. With all the sustaining power that was enlisted in its favor, embracing medical papers from the

very best sources, the number of subscribers has not much exceeded one hundred ; and with the fourth number the New England Quarterly Journal is actually expected to breathe its last. While it was alive, no other was likely to be projected ; but it will not be long before some adventurer will step into the ring, with a prospectus for another Medical Journal—put his shoulder to the wheel—plead the public's desire for a new one—enlist the sympathies of many, who patronize without paying, to aid a new beginner, sighing for literary distinction—and at the end of the year it will in all probability be ready for an epitaph, but perhaps far less deserving of one than the Journal whose death is here announced.

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*Pauper Idiots and Lunatics in Massachusetts.*—An abstract of the returns from the several towns, Jails and Houses of Correction in the commonwealth, concerning the condition of pauper idiots and lunatics in almshouses, and various kinds of prisons known to this part of the country, has been published by order of the House of Representatives. We scarcely know where to copy or where not to make extracts. A mass of curious and interesting matter is concentrated in this document, which cannot fail of giving important assistance in all legislative action in regard to these unfortunate beings.

“The returns from the Jails and Houses of Correction,” says the Secretary, “exhibit the following facts :

“Whole number of Idiots and Lunatics during the year, 76. Of these, the number of Idiots was 10 ; the number described as Lunatics, 62 ; the number undescribed, 4.

“These inmates have been distributed among the several Institutions, as follows :

“1. JAILS.—Concord, 3 ; Newburyport, 1 ; Lenox, 2 ; Plymouth, 1 ; Salem, 3 ; Springfield, 1 ; Worcester, 6. Total, 17.

“2. HOUSES OF CORRECTION.—Dedham, 3 ; New Bedford, 1 ; Cambridge, 27 ; Ipswich, 28. Total, 59.

“In no case is a physician said to be employed for the mental malady.

“The number described as “furiously mad” is 9 ; of those who are said to be “occasionally” furious, 19 ; of those who are said never to be furious, 44. Total, 72.

“There are four cases in which some kind of bodily restraint, (viz., straps,) is said to be occasionally resorted to. In 69 cases it is asserted that nothing of the kind is used. In three cases, nothing is said.

“Returns have been seasonably made by 235 of the 307 towns and cities in the Commonwealth, leaving 72 from which nothing was heard when the tables were prepared. Two or three of these, however, have subsequently made returns.

“In the towns heard from, the whole number of paupers described as Insane, is 367 ; as Idiots, 243 ; undescribed, 25. Whole number, of both classes, 635.

“In almshouses, 361. In private houses, 204. The remainder undescribed, as to residence.

“Thirty-three of the cases are those of persons whose disease is said to be of not more than three years' continuance. The average length, however, of the disease, is given at 21 7-12 years.

“Of the furiously mad, the number is 32 ; of the occasionally furious, the number is 224.



"Among the means of coercion are chains, hand-cuffs, straps, 'hospital muffs,' wristbands, cords and straight-jacket.

"Of these 367 lunatics, only 134 are said to have been at any time in any hospital; and in but 23, out of 635 cases, are medical attendants ever employed for the intellectual disease.

"Sixty-three of these poor wretches are State paupers, and 511 are described as town paupers. The average cost of their support, per week, is \$1 21. As to exercise, ventilation, warmth, cleanliness, &c., the tables contain such information as the returns set forth. But there are so many cases left blank, and so many others in which the statement is vague, that a thousand horrors may exist undetected by the law.

"The memorial of Miss Dix, with its thrilling and horrible details in regard to many of the places which she visited and examined, induced me to pay particular attention to the returns of some of these towns; but this inspection only served to show how slight a picture of living truth may be made to constitute, in the judgment of the Overseers, a sufficient return."

*Reply to the Hon. Mr. Hodges's Note of March 29th.—To the Editor.*  
—Sir.—I noticed in your paper of March 29, 1843, a communication headed, Brass Ratchets and Corslets, from the Hon. James L. Hodges, of Taunton, which I beg leave to notice. First, then, I assert that to this honorable gentleman's son I never at any period applied, nor advised the application of, the ratchets or corsets. The case of his son was one for which the ratchets are never used by me, nor would they be at all applicable to a posterior curve located in the lumbar vertebræ. I can hardly believe that article to have originated from the pen of that honorable gentleman; there is so much falsehood in it, that I am slow to believe his pen produced it. The facts in the case are simply these:—Mr. H. placed his son under my care in Worcester, and boarded him with Dr. Brewster. I attended him but a very short time, during which he was improving, when Dr. Brewster informed me that Mr. H. requested him to take charge of his son and treat him. I accordingly relinquished my charge of him to Dr. B. After he had been treated some time by Dr. B., he requested me to see him, saying he had so far recovered as to make it desirable to apply the corsets. I accordingly called and examined the lad, and to my astonishment I found that the disease had progressed; and so far from being in a condition proper for the application of the corsets, he was much farther from it than when I relinquished him. This opinion I gave to Dr. B., and thought it my duty to state the facts to Mr. Hodges, with as much kindness to Dr. B. as truth would justify. I accordingly did so. Not long after this, Mr. Hodges came to Worcester, and he must know very well that I had no agency whatever in applying any instruments as described in his note, nor do I know what application Dr. B. made after he came, nor what he wore away. Dr. B. doubtless, by improper representations, induced Mr. H. to allow him to make the applications, and Mr. H. certainly had the right so to do; but he has no right to ascribe to me the acts of another, or charge me with the bad management of a third person.  
*Boston, April 5, 1843.*

A. ABE, M.D

*Foreign Body removed from the Bronchus by Tracheotomy.*—A man, 24 years of age, having eaten some cherries, one of the stones found its way into the trachea. Next day, when seen by his medical adviser, the patient, though he had but little pain or cough, experienced, with much difficulty of breathing, a perceptible sensation of something rising in the chest at each access of cough or full expiration. The surgeon decided upon performing tracheotomy, and trusting afterwards to the efforts of the cough to get rid of the stone. An incision was made dividing three of the tracheal rings. The practitioner introduced his finger into the trachea, which caused a fit of coughing, and the patient felt the stone move and rise in the chest. The introduction of the finger was twice renewed; and on the third occasion it was not withdrawn until it had provoked a cough of much violence, which, on the hasty withdrawal of the fingers, expelled the stone through the opening. The wound healed in a fortnight.—*Medicinische Zeitung.*

*Medical Miscellany.*—Dr. Benjamin Barrett, of Northampton, Mass., has made a generous donation to that town of a site for a female high school.—Dr. William J. Sloan, Assistant Surgeon, U. S. A., is to be stationed at Fort Washita.—The Grenada, Miss. Register, relates that an entire family, residing near Yazoo Pass, were so poisoned by eating peaches dried on a painted board, that they all died—father, mother, a son and daughter.—Surgeon E. Du Barry is appointed to the frigate Macedonia, and is also to be Fleet Surgeon of the African squadron.—The yellow fever has broken out on board the U. S. frigate Independence, now at St. Pierre, Martinique.—Dr. D. G. Robinson is the author of a play in three acts, called the *Reformed Drunkard*, that meets with great applause.—James Stuart, a native of Charleston, S. C., now in Scotland, poor and neglected, has reached the great age of 114. He is a relative of the Pretender; has been married five times, and is the father of twenty-one children. He was an ensign under Gen. Wolf, at the taking of Quebec, and also at the battle of Bunker Hill.—A man is lecturing in Boston, who says he has not slept for fifty-two months; sleep, therefore, he considers wholly unnecessary—it being time lost—which is proved in any one of his lectures, at the price of twenty-five cents!

ERRATUM.—In No. 9, page 177, line 15, for ung. hyd. portion, read ung. hyd. fort.

MARRIED.—In this city, John A. Cummings, M.D., to Miss Frances Maria Dexter.—In Somers, Conn., Wm. B. Woods, M.D., of Windsor Locks, to Miss Harriet Sophia Morgan.

DIED.—At Waltham, Mass., Dr. Joseph Bond, Jr., 42.—At St. Johns. N. F., William Carson, M.D., 75, late Speaker of the Assembly.

Number of deaths in Boston, for the week ending April 15, 29.—Males, 20; Females, 9. Stillborn, 4. Of consumption, 6—lung fever, 2—ulcers, 1—tumor, 1—pleurisy fever, 1—scarlet fever, 1—scrofula, 1—dropsy in the head, 1—infantile, 2—debility, 2—canker, 1—smallpox and erysipelas, 1—croup, 1—marasmus, 2—inflammation of the brain, 1—ulcers in the head, 1—inflammation of the bowels, 2—suicide, 1—unknown, 1.

Under 5 years, 10—between 5 and 20 years, 4—between 20 and 60 years, 12—over 60 years, 3.



*Dropsy of the Os Uteri.*—Under this name M. Jobert describes tumefaction of the mouth and neck of the uterus, which most frequently occurs among women of a lymphatic temperament, being, according to his observations, confined to those who have never borne a child, and who menstruate but feebly. Examined by the aid of the speculum, the os uteri is seen to be so much swollen as almost wholly to conceal the orifice, and it gives on pressure a sense of fluctuation. It is uniformly pale and flabby, and may sometimes be ulcerated, but it is not in general organically diseased. On carefully introducing a bougie through the orifice, a quantity of transparent, flocky, light-colored fluid usually escapes from the cavity of the uterus; and, at the same time, the neck and mouth become relieved of a portion of their tumefaction. This event may happen consequent on a spontaneous discharge of the fluid, and always attends more or less the recurrence of the menstrual discharge. The cause of the affection has been attributed to a distension and superabundant secretion of the glandular follicles of the neck and mouth of the uterus. For its treatment after the evacuation of the contents of the uterus, M. Jobert advises free incisions to be made in the os uteri, in the direction from centre to circumference (*dans le sens des commissures*). The granulation of the wounds thus made, produces concurrently, as he says, an enlargement of the orifice of the uterus, which effectually obviates a return of the disease.—*Lon. Lancet*.

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*Remarkable Case of Congenital Small-pox.*—A woman, twenty-four years of age, entered the Maternity Hospital in Paris to pass her first confinement. Labor commenced two days after her arrival; and after the lapse of fourteen hours (*jours*, says the original, but this is evidently an error, she was delivered of a female child. The face, scalp, and different parts of the child's body were covered by a pustular eruption, which was soon recognized to be veritable small-pox. The mother retained the marks of vaccination, and stated that she had never had the small-pox; nor during her pregnancy had she had connection with persons suffering under that disease, nor even heard of its prevalence in her neighborhood. Only, about eight or ten days before, she had gone to see a patient at La Pitié, near whom lay another patient in the small-pox. She had paid no attention to this circumstance till recalled to her recollection by minute inquiries. No untoward effects ensued, either to mother or child, and both left the hospital in perfect health soon afterwards.—*Bulletin de l'Acad. Royale*.

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*Icterus in New-born Children—appearance in the Kidneys.*—In new-born children who have died jaundiced, Dr. Cless, of Stutgard, has remarked some striking pathological alterations in the kidneys. On cutting into these, the papillæ of tubuli uriniferi are found to be filled with some reddish-yellow matter, and on squeezing them, a quantity of yellow granules, as minute as vegetable pollen, may be forced out. These granules are insoluble either in alcohol or in water at any temperature; but their chemical composition does not appear to have been yet fully inquired into.—*London Lancet*.

## THE

# BOSTON MEDICAL AND SURGICAL JOURNAL.

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VOL. XXVIII.

WEDNESDAY, APRIL 26, 1843.

No. 12.

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### ON MORTIFICATION.

By R. A. Stafford, Esq., Surgeon to St. Marylebone Infirmary.

THERE has lately been in the St. Marylebone Infirmary a most interesting case of mortification or gangrene under my care. It occurred in a poor boy who had been nearly starved to death. He was found in Gee's court, leading out of Oxford street, and was brought to the Infirmary by two policemen. The account he gave of himself is as follows:—That for a length of time he had been sometimes in and sometimes out of work; and from the uncertainty of getting employment, he had been frequently nearly a week together without tasting food; and not liking to go to the workhouse, all he has had to subsist on has been a cup of tea and a bit of bread and butter, given to him occasionally by those in the same house almost as poor as himself, and who stinted themselves to support him. His friends at length left the house, and some of them promised him to go to the workhouse to state his distressed condition. They did not, however, do so. He gradually became weaker and weaker, and no one went near him; he at length contrived to crawl up from the kitchen in which he was lodging, and placed himself at the door of the house, where he was seen by a policeman. When admitted he had not tasted food, or even a drop of water, for four whole days!

The present condition of the poor fellow is, that both of the lower extremities are mortified; in the right leg the gangrene begins about three inches above the ankle, and involves the whole foot, it being black, and apparently the death of the part is complete. In the left leg the mortification begins about two inches from the knee, and extends all over the lower part of the limb, looking even blacker than the other leg. The stench is horrible, and the whole sight most disgusting.

The circulation of the poor boy is in the lowest state of languor; the pulse is hardly perceptible, the voice feeble, and the countenance expressive of the greatest degree of exhaustion. So inclined is the whole body to mortify, that the tip of the nose is gangrenous, and the points on the patellæ are disposed to slough.

On his arrival into the Infirmary he was immediately placed in bed, and poultices of bran, mingled with a solution of chloride of lime, were applied to the mortified limbs, and also a turpentine liniment to those parts where there was any appearance of life. He was carefully fed with beef-



tea, giving a small quantity every now and then, so as not to overload the stomach, or at first to stimulate him too much. By degrees, and as he could bear it, the quantity of food was increased. He was ordered bark (quinine) and wine cautiously and sparingly. These remedies were gradually increased in dose and strength as he became stronger; and when the sloughs began to separate from the living parts, he was ordered a meat diet, porter, eggs, and other nourishment. The mortified surfaces were incised both longitudinally and laterally in every part. The separation of the mortified from the living parts went on rapidly, and the left leg was completely barked, or denuded, of the integument, so that in the greatest part of the limb the muscles and tendons were exposed almost as clean as if they had been dissected, the foot being quite dead: in the right the mortification had extended through the tendo-Achillis down to the bone; and the ligaments of the ankle-joint had given way.

The boy had gone on well for five weeks, and it was proposed, when his general health was sufficiently restored, to remove both limbs at the spot of the line of demarcation of the separation of the living from the dead parts. He was, however, without any apparent cause, suddenly taken with a shivering fit; fever supervened; he refused all food, and died in four days.

His body was examined. All the viscera were healthy, and no other cause could be found to account for his death than the mortification.

Mortification, besides the different terms which have been employed to express its different characters—sphacelus, slough, &c.—has been divided into two principal varieties, humid and dry gangrene; or what I think might be a better term, would be acute and chronic.

Humid gangrene is where the mortification is moist and contains the fluids of the part when it died.

Dry gangrene is where the death of the part has taken place gradually, from a diminished circulation through it, or from a disease of the vessels. The gradual death of the part is well exemplified by gangrena senilis. Here the arteries are ossified, and the flow of blood through them is so diminished that first the extremities and points of the toes become mortified from want of a proper supply; then the first phalanx, creeping on, drying as it goes, to the second and third joint of the toes; and at length the whole foot becomes involved.

In humid gangrene, however, the death of the part is immediate; the inflammation has been so violent, that sloughing has quickly taken place, and there has been no time for the fluids to evaporate: hence the broken-down and mortified structure remains moist.

Mortification arises from the undue circulation of blood in a part: either that there is a deficiency, or total absence of it; or that the circulation through it is too great, whereby inflammation arises to such a height as to destroy the structure of a part and cause its death. The process by which it takes place, from whatever cause it may arise, is, first, that the capillaries of the dying part become plugged up by the coagulation of their contents, and then by the coagulation of the blood in the larger vessels; consequently circulation through them is at an end, and accordingly the

part so affected undergoes that change which occurs to the whole body after death.

Mortification or gangrene may be caused in various ways : by inflammation, such as we see in phlegmonous erysipelas ; the carbuncle ; wounds after severe accidents, &c. ; by the want of a proper nourishment of a part ; by a disease of the heart, this organ not having sufficient power to throw the blood to the extremities—a case of which I once saw at St. Bartholomew's Hospital ; by cold, for instance frost-bitten parts ; and by inanition from want of food, like the case already related at the beginning of this paper. Mortification may also be caused by other means. There is hospital gangrene, a disease occurring in crowded wards, and of an infectious nature. In this disease, wounds, of whatever character they may be, become gangrenous, being of a putrid, pulpy texture ; and when one patient of a ward has been attacked by it, the same character of gangrene appears in the wounds and sores of others. Of late years the disease has been of rare occurrence, as hospitals are more cleanly kept and better ventilated than formerly. Now and then, however, hospital gangrene makes its appearance, and more particularly in military hospitals after battles, when the wards are crowded by the wounded. It appears that hospital gangrene begins by the formation of a vesicle on the edge of a sore, containing a watery fluid of a livid or a reddish-brown color. It is attended by an extreme stinging pain ; and when the vesicle breaks, sloughing commences from the spot, and spreads all over the wound, forming its surface into a pulpy, unorganized mass. When this slough is separated, the ulceration continues ; the cavity of the wound increases in size, and its edges become indurated. The sore discharges at first a thin glutinous matter, and afterwards a matter of a thicker character, being of a dirty yellowish white, and sometimes of a black or brown color.

Animal poisons may produce gangrene ; for instance, a peculiar syphilitic poison causes sloughing phagedena, which is proved by the part being destroyed by nitric acid, and it recovers. Putrid meat on a wound will give rise to it also. I have seen cooks and butchers, who have wounded their fingers where the meat was tainted, get gangrene of the wound ; and in one case I was obliged to amputate the finger. In another case, also of a gangrenous sore on the finger of a cook, which could not be accounted for, its character was so peculiar that I was led to inquire whether she had handled tainted meat. I found this to be the case, and it could be traced to this cause. Those who have to do with the hides of animals are often the subjects of a peculiar black gangrene, or mortification. There are perhaps several spots on the fingers and hands which become mortified, and the slough is very dark, and of so peculiar an appearance that it cannot be mistaken by those who have seen it. I remember several instances where persons have presented themselves at hospitals with black, sloughing wounds on their hands, and on inquiry their employment has been connected with the hides of animals.

There is a disease termed *cancrum* or *gangrena oris*, which occurs



after measles, or fever. It first shows itself by a dark vesicle on the lips, when ulceration and sloughing commence. The sloughing goes on rapidly, and no application can arrest its progress. It destroys, perhaps, more than half the cheek; and the patient being in a low condition, generally sinks under it. A case of this description happened a few weeks ago in the St. Marylebone Infirmary, under the care of Dr. Clendinning, and I saw it also myself. It was in a child of five years of age, who had had the measles. Numerous applications were employed, even to nitric acid, but none of them had the least effect. The child was also supported by bark, wine, and nourishment, but it died.

Mortification is often produced by bad food, and I believe that almost all the sloughing sores we see which occur among the poor arise from want of proper nourishment. I have endeavored to trace the origin of the sloughing ulcer seen in hospitals, and I have found, with very few exceptions, that the individuals suffering from them have been ill-fed, lived in ill-ventilated rooms, and have suffered the extremes of poverty. A very curious description of mortification is recorded, which is caused by eating bread made from bad or diseased rye; and the same also has happened from eating the bread made from black wheat. This species of gangrene is of a dry nature, and takes place gradually. Authors inform us that this gangrene is as dry as touchwood, or as the limbs of a mummy. It is impossible to account for it, but no doubt the ergot of rye which is eaten has some effect on the blood, causing its coagulation and want of vitality in the extreme vessels. Pressure will give rise to mortification when the patient is in a debilitated state. This we too frequently see in those who have long lingered from disease. The parts which come chiefly in contact with the bed, from natural pressure made by the weight of the body, become mortified; and when this occurs, it generally accelerates the death of the patient. I believe it has often happened in chronic diseases (such as those of the joints, the spine, &c.) that this mortification arising from pressure has prevented the recovery of the patient, which otherwise would have taken place. From the feebleness and the emaciated state of the body, it has been impossible to prevent it: consequently the patient has to contend with a double disease, which will necessarily wear him out. The profession and the public cannot be too much obliged to Dr. Arnott for the invention of the water-bed—an invention which, though simple, will conduce to the comfort and prolongation of life of thousands, and the recovery of many. It is much to be regretted that the inventions which tend to save the life of our fellow creatures are not more noticed by the government. Some public testimony to an individual who has employed his talents for the good of the community would be an encouragement to others to follow his example.

I have seen, within these last few years, a description of gangrene which does not appear to me to be common. It breaks out in patches on different parts of the body, and more particularly in the lower extremities, being, perhaps, about the size of the palm of the hand. The part at first is extremely hard, and its circumference is well defined, feeling al-

most like a foreign body being introduced into the cellular structure. There is a slight red blush at first upon it, and the part is slightly elevated, but it does not appear to be attended with great pain. The redness of the skin increases, and it becomes of a deep purplish blush. In a few days the whole mass, which was hard, becomes a slough, resembling a rotten pear, being shreddy and pulpy, and of a dirty-brown or yellow color. The slough is gradually separated from the living part, and a deep, rocky, irregular sore is left with indurated edges. It generally happens that these patches of gangrene occur in more than one spot at a time, and they go on breaking out one after another for a continuance; and while one ulcer made by it heals, another spot makes its appearance. It is evident that this disease, like carbuncle, arises from a lowered state of constitution.

I need hardly say that the strangulation of a part produces mortification; for instance, in hernia, when the gut has been incarcerated too long before the operation is performed, it mortifies. So, likewise, when we artificially place a ligature round a part—such as a polypus, a hæmorrhoid, or the tonsils of the throat, &c.—it dies. Extravasation of the urine will give rise to sloughing abscesses, and mortification of the cellular structure. These cases are very common, and of almost daily occurrence.

The sudden stoppage of a current of blood, when the anastomosing arteries have not sufficient power to carry on the circulation, will often cause mortification of the limb where that current is so arrested. For instance, in aneurism, such an occurrence may happen. It has, to my own knowledge, often taken place in popliteal aneurism, when the femoral artery has been tied. I have seen four or five cases of it, where the leg has mortified after the operation, in consequence of which the patient has died. To remedy so fatal a catastrophe, if possible, would be most desirable: and I have a proposal to make to prevent a recurrence of it.

We all know that when so large a vessel as the femoral artery is tied, the circulation is carried on by the profunda femoris, and its anastomosing branches with those of the anterior and posterior tibial arteries. Now it is impossible to know whether these vessels are strong or weak—large or small. If they are strong and large, they may carry on the circulation very well; but if they are weak and small, it is impossible they can do so; therefore the mischief takes place. Now I propose that a tourniquet be placed on the femoral artery below the origin of the profunda, and as near to the aneurism as possible, for a few hours every day, for some time before the operation—a month, perhaps, or as long a time (should experience prove the utility of this method) as it may be required. By doing this, the current of blood through the main trunk of the femoral artery would be gradually stopped, and the circulation would be carried on through the profunda and the anastomosing vessels; whereby they all would be enlarged and strengthened by degrees, and consequently would admit the blood more readily through them. When, therefore, the operation of tying the femoral artery is performed, the profunda and anastomosing vessels would have already been accustomed to carry through



them the increased current of blood; and consequently the danger of mortification of the limb would be much less, if not altogether prevented.  
—*Lon. Med. Gazette.*

#### HOMŒOPATHY ILLUSTRATED.

[IN a notice in last week's Journal, of the Transactions of the Medical Society of the State of New York, the address of Dr. T. W. Blatchford on Homœopathy was alluded to. We have copied below a few paragraphs from it, but hardly sufficient, we fear, to give the reader a correct idea of a production which occupies nearly a hundred pages, and which seems to have been prepared with much industry and talent.]

Of what possible value, I ask, are all the late splendid researches in pathological anatomy and in physiology, in the estimation of a man who could write such a sentence as the following? "I cannot comprehend," says Hahnemann, "how it is possible for physicians to imagine that they ought to search the interior of the human economy: it is inaccessible and concealed from our view." And again at page 26, "just as little," says he, "as we can witness what is passing in the interior of our bodies in a healthy condition, and as certainly as they are concealed from us as they lie open to the sight of Omniscience, just so little can we perceive the internal operations of the animal frame when life is disturbed by disease. The action that takes place in diseases manifests itself only by external symptoms." And at page 84, he says, "in what manner the vital principle produces morbid indications in the system, is to the physician a *useless question*, and will therefore ever remain unanswered. Only that which is necessary for him to know of the disease and which is fully sufficient for the purpose of cure, has the Lord of life rendered *evident to the senses*." I am aware that homœopaths in this country deny the charge brought against Hahnemann of being opposed to pathological investigations; but his own pen has rendered the attempt futile. And Hahnemann is doubtless consistent with himself in this respect, for of what use can such researches be to a system which broadly and repeatedly asserts that sensation is the true, the only true index to disease? It is true, Hahnemann talks about the pulse, and the tongue, and the secretions, but it can only be for a similar reason to that which he gives for continuing a species of names for disease, "that we might," says he, "by degrees dissipate the illusion." But Hahnemann is not the only homœopathist who speaks contemptuously of pathology: another, of authority sufficiently high for Hahnemann himself to quote, writes thus: "The physician who engages in a search after the hidden springs of the internal economy will hourly be deceived; but the homœopathist possesses himself of a guide that may be depended on."

"The sole inquiry of the physician," says Dr. Hering, the apostle of homœopathy in Pennsylvania, "is after the symptoms, because the symptoms alone determine his choice of a remedy; and upon the fulness or accuracy with which these are noticed, rests the entire manage-

ment of the cure. All therefore depends upon the correct examinations of the patient, and not upon any possible opinions concerning the nature and essence of the disease, nor upon learned views concerning its concealed seat; nothing indeed but the symptoms are to be accepted as the guide of the treatment, because in them no error is possible"!!! I do wonder if every old woman does not know that the same causes often produce different symptoms, and that the same symptoms often arise from different causes.

All our old therapeutical agents upon which physicians have leaned for centuries with safety and confidence, are anathematized. Bleeding is affirmed to be not only useless, but pernicious under any circumstances whatever. "The living human body," says Hahnemann, "never contained one drop of blood too much." Again, "a superabundance of blood can never exist." And yet again, he says, "having recourse to bleedings nothing can justify." The substitute is aconite, as will appear from the following extract: "The most violent pleuritic fever, with all its attendant alarming symptoms, is cured in the space of twenty-four hours at farthest, without loss of blood or any other antiphlogistic whatsoever, by giving one globule of sugar impregnated with the juice of aconite of the decillionth (30th) degree of dilution." Verily, the days of miracles have come again. \* \* \* \* \*

But not only is *smelling* the medicine sufficient to produce the desired effect, and, as the book says, "the preferable mode of using it," but actually *touching* it will do just as well, if not a little better. Listen to the 289th aphorism of this most wonderful man; it is after this wise: "Every part of the body that is sensible to the touch is *equally* susceptible of receiving the impression of medicines and of conveying it to all other parts of the body." Dipping the finger, then, in medicine, must necessarily be as efficacious as taking it into the stomach, and more so, too, for the sense of touch is certainly more fully developed on the fingers than in any other portion of the human frame. For such a discovery alone, Hahnemann ought to receive the lasting thanks of all the delicate stomachs in the world. This confessedly goes far ahead of allopathy, and no mistake.

It is certainly curious to observe the different stages by which the old gentleman seems to have arrived at this, the true climateric of infinitesimality. He first began with *ordinary* doses, but soon finding they would not always answer, no matter how "perfectly homœopathic to the disease," he tried *small* doses, then from *smaller* to *less* and *less*, until he reached his *infinity* itself. Finding at this stage, of course, a total want of action, he discovers the magic power of *trituration* and *agitation*. But this, being as yet altogether too "material" for the spiritual nature of his system, he changes the ordinary place of deposite, from the *stomach* to the *nostrils*, then from the nostrils to the parts most sensible to *touch*, of course to the *fingers*; and at arms' length, too, we are bound to suppose, for assuredly it would never answer to touch it and smell it at the same time, especially that which is carried to its "highest potency," which, in homœopathic language, means reduced the most, for it "might endanger the life of the patient!" Now, I should not at all wonder if,



according to the suggestion of a facetious correspondent in Missouri, it will not next be discovered that "if a friend should take the medicine for you it will do just as well as if you should take it yourself." This would seem to be just about the thing the poet was after when he wrote :—

"————— and should a cloud  
O'ercast thee, be it light as gossamer,  
That Helen might disperse it with her breath,  
And talk thee into into sunshine."

Another peculiar feature about homœopathy, not much calculated to give it success with the thinking portion of community, is that their periodicals and other organs, animate and inanimate, speak of no *unsuccessful application* of their principles ; none but palpable cases of cure are mentioned, and these are served up in a dress to suit the multitude. This is a feature which is certainly calculated to ally homœopathy with empiricism, to say the least ; and reminds one of the artful contrivance of the proprietor of a certain mineral spring in England, who kept one room in which were deposited the crutches of all those patients who had received so much benefit from the waters as not to require their assistance any longer. One day a company of ladies and gentlemen, as usual, were shown into this apartment with its 100s and 100s of crutches, and the virtues of the waters highly extolled, when an old decrepid servant of the establishment, who was seated in one corner of the room, said in a low tone to a gentleman who stood near, "Ah me!" said she, "ah me! they take good care to say nothing about the heaps of crutches we burn up every year, of the poor creatures who come here only to die. Dead bones tell no tales, you know."

In Bell's Bulletin of Medical Science for July, three classes of homœopathic practitioners are enumerated. 1. Those who go Hahnemann's whole figure. 2. Those who, while they profess to practise homœopathically, after the straightest sect, give "common but small doses, and those of active and sometimes poisonous articles;" and 3d. Your "either way, any how" practitioners, "thrifty knaves, who care not how they earn the 'siller,' provided it comes into their own pockets. They pay the profession and their own judgments, and science itself, the odd compliment of asking their patients how they wish to be treated, and according to the reply will either bleed them or give them a Hahnemann vial to smell to. "Can we wonder," continues the Bulletin, "that so many ignorant persons in the general community prate about systems of medicine, when they see such conduct in some of the professors of the art?" According to this writer, therefore, it seems the first class may be denominated the *true*, the second the *hypocritical*, and the third the *accommodational*.

Or, to illustrate this classification by a familiar anecdote. An aged gentleman once remarked that he had been so unfortunate as to bury *three wives*. Their characters differed essentially from each other, especially in the methods they chose to manage his wardrobe. One, though blind in one eye, was careful to mend a broken garment as well as she

knew how, by a decent patch, when first it required it. The second continued to tie up with a string or draw together with a thread the broken edges, until, without his knowledge, she could get some one to mend it for her—while the third contented herself by merely pinning together what either her ignorance or her indolence would not allow her to sew, and invariably promised by-and-by to do it, just as he should like best. His first wife he called *Pitchy Patch*, his second *Tie Up*, and his third *Pin Up*. The old man added, with a deep-drawn sigh, “God bless *PITCHY PATCH*; I hope, too, it has gone well with *TIE UP*; but I am sure the de’il took *PIN UP*.”

In justice, however, to the first class, or the true Hahnemannian homœopaths, it should be remarked that they utterly disown the two last classes, and feel themselves in no way responsible for any of their doings; indeed, they denounce them in no measured terms, and justly, too, for between “allopathy” and true homœopathy there can be no compromise. Hahnemann calls them a new “mongrel sect, that continues to gnaw like a cancer upon the vitals of diseased human beings;” he says, further on, that they must be separated “by an immeasurable gulph from homœopathy.” And again, at page 150, after bestowing upon them a prodigiously severe castigation, he finishes by asking the following question, “Who would honor such a light-minded and pernicious sect by calling them after the *difficult* yet beneficent art, homœopathic physicians?”!! \* \* \* \* \*

But notwithstanding all this, which assuredly should satisfy any reasonable man, the cry is still repeated, try it. “Try it before you condemn it—don’t suffer your minds to be warped by prejudice, and fast barred against conviction, just because you can’t understand how these things can be.” These appeals seem plausible indeed, and it must be confessed are wielded with some success, and to the prejudice of those against whom they are directed. They seem so overflowing with a superior candor and disinterestedness that one is almost tempted to fall down and do homage likewise.

This wanton experimenting, however, upon the animal economy, don’t, some how or other, just suit our fancy. It may be an amusing exercise, a pleasing pastime, for those who either have nothing else to do, or who set so low an estimate on human life as to handle it like a pretty plaything to “amuse children of a larger growth.” But to the physician who views it as a priceless commodity entrusted, as it were, to him for its longest possible preservation, it becomes a serious business to trifle with it. What! tamper with such a jewel! jeopard its very existence, and especially by experiments which are confessedly the very antipodes of reason! However much he may like to be amused, or however much the judicious physician would be gratified to know the result of certain experiments, he feels in duty bound to abstain from both under circumstances of such a nature, and as he regards peace of conscience here, and accountability beyond the grave, he acts upon the motto, “*touch not, handle not.*”

Try homœopathy! try whether a thing of nought can successfully



grapple with an enemy of more than giant strength? whether a powerless remedy can remove an overpowering disease? the very idea is preposterous. It would be presumption personified, and I trust honest allopathists will always be contented to leave such a task in homœopathic hands, with all its honors and all its emoluments.

What would be thought of the sanity of the farmer, who had long been accustomed to conduct his agricultural pursuits by the labor of ox and horse and man, should he so far listen to the voice of a stranger, ever so learned, who should tell him that after years of patient research and observation he had discovered an insect which would supersede every other needful power, and by only one of which he could readily perform all the necessary labor upon his farm; what would be thought of him if he should be persuaded so far to yield up his better judgment, lay aside all his past experience, dispose of oxen, horses and men, and purchase this insect, and go fairly into the experiment, and fully test the validity of its claim? Whatever we might think, most assuredly in comparison with the physician who could be so egregiously duped as to disregard all past experience; to lay aside the proper exercise of reason and common sense, and recklessly cast away remedies of known and tried virtue for those of less, infinitely less than insect strength, such conduct as the farmer's would be the wisest, by just as much as human life is more valuable than commodities attainable at pleasure.

What! try the experiment of homœopathy, especially in acute and congestive disease, and suffer the critical moment upon which perchance the life of a loved and valued friend hangs suspended, to pass by unimproved, or, which is the same thing, occupied only in watching the results of experiments with homœopathic *dilutions*, or *delusions*, as they should be termed? "Oh, tell it not in Gath, publish it not in the streets of Askelon."

As I have already said, however, good may grow out of this system of infinite inconsistencies; stranger things have happened in our world. It is to the ideal phantom of the philosopher's stone, that got such a fast hold of the human mind as for a century at least to urge from research to research, and from experiment to experiment, requiring the utmost toil, and labor, and patience, that medicine is indebted for some of its most efficient remedies, and to which chemistry is indebted, we may almost say, for its very existence; and with chemistry, the arts and manufactures. To quackery, too, in one form or another, we are indebted for some of the best medicinal compounds; and so, doubtless, to homœopathic empiricism, may succeeding generations be indebted for some peculiar application of medicines hitherto not dreamed of. It is next to impossible that so much research and observation as homœopathists are now bestowing upon various substances, drawn from the three kingdoms, animal, vegetable and mineral, will not in time elicit some facts which will add value to the present stock of medical and pharmaceutical knowledge; but it is more than probable that all such honors even will be acquired like the crown of the conqueror, only through fields of blood. \* \*

I do wonder if, at this age of the world, proof is required to convince

the reasonable portion of mankind that every physician deserving the enviable name, is not above all things anxious, and ready and willing to employ in the management of disease those means which, all things considered, are best calculated for the relief of suffering humanity? Yet homœopathists would fain make the community believe that these qualifications are *their* legitimate, their *exclusive* right, inherited from the venerable founder of their system, the patriarch of their fulsome adulation, their beau ideal of all that is excellent in man, whether in head or heart, in capability or design.

This Ishmaelitic feature of homœopathy, it appears to me, is of itself sufficient to put the thoughtful on their guard, when in sober reflection they ask themselves whether *science* or *truth* can ever stand in need of such despicable assistance, or whether it does not always betoken a bad cause. Homœopathy, like every other subject presented for the favor of the public, must stand or fall upon its own merits; foreign aid cannot always sustain it.

Without the basis of *truth*, no subject can long endure the searching test of time. The support of confiding friends must fail it when friends themselves are compelled to look abroad for help; and the breath of popular applause, which often dies away with the sound which announced its birth, will be attracted by other objects, and sadly disappoint the visionary votaries who trusted to its deceitful song.

#### DR. BROWN'S REPLY TO DR. ABBE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I noticed in your Journal, a few days since, a piece purporting to be a critique on my brief exposition of brass ratchets and corslets, and their disastrous effects upon the health and constitution of those who submit to their use. This passing notice, I felt called upon to take, both from considerations of what was my duty towards the public, as well as from feelings of sincere sympathy with the distress and suffering to which my attention is constantly attracted, in those individuals who have long been subject to this mode of treatment, and it was against *measures*, not *men*, that I there contended.

To the minds of the public, and particularly of my medical brethren, the flimsy pretensions presented in the piece above alluded to, mingled with vague and sophisticated reasoning, present themselves so broadly upon the surface, and are thus rendered so apparent to the eye of every candid reader, that further reply seems scarcely to be called for. A man who, with pretensions to a knowledge of physiology and philosophy, can thus come forward, and gravely promulgate the grossest errors and absurdities in both of these branches of science—who can for a moment entertain the idea, and yet more, give it utterance, of the possibility of *fixing* a muscle, or set of muscles, in a human frame, by means of brass splints, and iron screws, in such a manner as that when they are thrown aside, these muscles shall not again, and immediately, resume their former



position, even placing out of the question the well-known law in regard to these organs, that when a muscle remains, for a certain length of time, unused, it invariably degenerates into matter very nearly resembling jelly, in its character and conformation—who can, in sober earnest, call into the support of his arguments, the aid of a fabulous account of an Eastern devotee, by which he would prove that it is consistent with the physical powers of a human being to *hold* a limb in a certain position until, as he states (to make use of his own language) it is *fixed*—(the only construction to be placed upon which philosophical term, I presume to be, that said limb is thus rendered incapable of its natural movements), can scarcely expect that arguments, thus supported, can be entitled to serious consideration. Now if he had merely said, that a limb *placed* (not held) in a certain position, and there permitted to remain for a certain length of time, would, either from a total paralysis of its muscular fibre entirely lose its power of motion, or from only a partial paralysis having taken place have those motions “confined within certain limits,” he would merely have been stating a fact, in a scientific Journal, of which the veriest tyro is conscious.

Yet such is one of the arguments made use of; and this proves (if it proves anything) far more than its use in this instance was intended to prove—viz., that muscles intended by nature to support the spinal column in its erect position, can, by the means of tight lacing, brass corsets, whale-bone splints and various other instruments, be *fixed*, or paralyzed, so as to be henceforth and forever unfit to perform these all-important functions. And yet do we here find one, who upon no other authority than his own asseveration, will, and does unreservedly, bid defiance to various well-established and (to the man of science) undoubted laws of the human economy—who, with a breath, would overthrow laws which have been acknowledged to govern matter from the creation to the present time, telling us that by *pressure* we *expand*—who compares the bony cage which encloses the heart, lungs, &c., to an elastic ellipsis, and tells us that a pressure made upon one portion of its surface will elevate it at another. This, if it can have any signification, is intended to convey the idea that the chest may be compared to an India-rubber ball, or a bladder filled with air, or any other elastic substance, of a given shape, which, if pressure be made upon it at one point, will bulge out at another. If the firm, bony substance of which the ribs and vertebræ are composed, yielding, as anatomy has (until this era of renowned speculation) taught, only at its articulations, or as in the case of the false ribs, after the manner of a bow, when pressed upon at its points, will give countenance to such an assertion, then indeed will its originator have proved himself the discoverer of new, and, before this, unheard of principles, both in physiology and anatomy.

But enough of this. I might speak of the bold and illustrious conceptions which first originated the unimaginable comparison which we find here instituted, between a fractured femur and a distorted spine. I might go on examining similar errors, and with like facility detected, were they not so numerous that it is truly astonishing how, in the short space

occupied by the article alluded to, philosophy, physiology and anatomy could, each and all, have been so shockingly mutilated.

*Boston, April, 1843.*

J. B. BROWN.

P. S.—Since writing the above, a young lady has called, who has been a martyr to brass corsets for two years. She stated, with tears in her eyes, that for a great portion of that time her clothes had been kept wet by the discharge from sores on her hips and back, caused by the pressure and chafing of the corsets, and that she was not at all improved in her form. I have also received a letter from a young lady, who has worn the corsets about the same length of time. She states that her health is so reduced, that it is impracticable for her to come to Boston for the present. I learn from verbal authority that she is able to sit up but a small portion of the day, and cannot walk without assistance.

If doubts remain on the minds of any with regard to the injurious effects of ratchets and corsets, they are requested to call at my office, 65 Belknap street, Boston, and examine the veritable articles themselves. A single glance will be sufficient to detect their *philosophy*.

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#### CASE OF RICKETS.

[THE following case of rickets, successfully treated on the plan lately recommended by Dr. Evanson, is related in the London Medical Gazette by Dr. James Kirk, of Glasgow.]

In the month of May last was consulted on the case of D. R., a boy aged  $3\frac{1}{2}$  years, with the following symptoms. "His skin is very dark and sallow; his head large, heavy, and firmly ossified; his teeth late in appearing. The clavicles project upwards into the neck in the form of an arch, while the sternum is protruded in front of the chest like the keel of a boat, and there is a large and deep hollow caused by the flattening of the ribs under each arm-pit. The belly is large and hard, and the thighs and legs much wasted and emaciated; he is unable to walk, and the wrist-joints, in particular, seem much enlarged."

In addition to these appearances I found that he complained of a short, dry cough, though nothing abnormal could be discovered on using the stethoscope, except that the breathing was more hurried than natural; that his bowels were rather loose, and his urine high colored; that he was very thirsty, and averse to making any exertion; that he was in the habit of picking his nose, and that he had regularly every evening a febrile exacerbation so marked that but for the appearance of his body I would have supposed him to have been laboring under infantile remittent. As I happened at this time to be reading Maunsell and Evanson's work on the Diseases of Children, it was consulted on the subject of this child's complaint, and I resolved to give their plan of treatment a fair trial.

Having first, then, cleared out the bowels by four small doses of calomel and rhubarb, we began the administration of their remedy, which consists of three drops of the hydriodated solution of iodine, and the same



quantity of the tincture of the muriate of iron, given three times daily in sweetened water; the number of the drops of each to be gradually increased to ten. He was also ordered to have a warm salt-water bath every evening, with friction over the spine and belly; his mother was likewise instructed to place his back against some unyielding surface, and to press back the sternum with the palm of the hand (as practised by Dupuytren), taking care not to give pain.

Shortly after taking the medicine his appetite became considerably improved; but, unfortunately, his mother having neglected to dry him after coming out of the bath, he caught cold, and his cough became much aggravated. In these circumstances he was ordered a mixture for his cough, and a small blister over the middle of the sternum, his former medicine being continued; but neither the blister nor the expectorant, which was repeated, seemed to do his cough any good. After the blister had healed up, the sternum was pressed back as formerly, and the cough began gradually to disappear as the chest approached more nearly to its natural conformation. Four months after the time when this boy was first brought to me, during the whole of which period the above practice was sedulously persevered in, except the bathing and pressing back of the sternum, which were discontinued two weeks ago, I found him to have made a very marked and astonishing degree of improvement. His skin was much clearer, his chest was flatter, the hollows under his arm-pits were neither so large nor so deep, his belly was smaller and softer; his arms, which were the first to improve, are now quite plump, and the swelling of the wrist-joints much diminished; his legs and thighs were also much improved, and he could walk by the hand. He had no cough, thirst or fever; his appetite was good, his bowels regular, and he was not so fond of salt.

An equally pleasing change had taken place in this child's disposition. Formerly he was peevish, timorous and unwilling to make any exertion; now he is cheerful, active, and bold. He was at this time taking eight drops of iodine, and eight of steel, three times daily.

Two months after I again saw this child, and found him still further improved. The hollow under the arm-pit has disappeared entirely on one side, and is much diminished on the other. The chest is now nearly of the natural appearance; he has also become quite fat, and can walk alone. He had (at this time) taken no medicine for almost two months.

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## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

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APRIL 26, 1843.

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*Term of Medical Study.*—A resolution was introduced at the late annual meeting of the Medical Society of the State of New York, by Dr. Ely, that no person should be admitted to an examination as a physician

or surgeon, who had not studied seven years in the office of a practising physician and surgeon. Furthermore, the certificate to show the time the student had read, should be verified by the oath of the person granting it. And lastly, it was provided, in the third division of the resolve, that no person shall receive the degree of doctor of medicine until he shall have been three years a licensed physician, or until he shall have been licensed as a physician and surgeon, and subsequent thereto, shall have spent six months as a pupil in some of the public hospitals of this State."

However much a reformation may be required in regard to the qualifications of students, if these regulations were enforced it would immediately drive more than five hundred medical students out of the empire State, into Vermont, New Hampshire, Connecticut and Massachusetts. Dr. Ely undoubtedly has good intentions; but he must be extremely short sighted not to perceive that any system of study in the State of New York, greatly at variance with the common course in the neighboring States, could not be sustained with any hope of success; the reformation must be simultaneous in all of them, to accomplish the end in view.

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*Sources and Mode of Action of Fever.*—Perhaps the Thackery Prize Essay "On the Sources and Mode of Propagation of the Continued Fevers of Great Britain and Ireland, by William Davidson, M.D.," may be thought of less importance here than in the country where it originated and to which its observations mainly apply. The essay itself is familiarly known to medical scholars in the United States, but the form in which it now appears is calculated to facilitate its more general circulation. It treats of the *sources of typhus; the analogy of typhus to exanthematous fevers; sources of continued fevers, not typhoid; circumstances favoring the diffusion of continued fever; circumstances which tend to render fever communicable from one person to another; on the identity of typhus and the typhoid fevers, &c.*

Part II. is an inquiry into the sources and mode of action of the poison of fever, by Dr. Alfred Hudson, Physician to the Naval Fever Hospital. The two parts make up a neat library octavo, of 178 pages, which can be sent by mail in sheets. In the fever regions of the South and West, this compact work should be in the hands of every practitioner. The whole ground is surveyed, and all authorities cited that are entitled to consideration. Messrs. Barrington and Haswell, Philadelphia, are the publishers, of whom the sheets may be obtained in the way pointed out.

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*County Medical Societies in the State of New York.*—For the sake of facilitating medical correspondence, we are induced to give the names of the presiding officer and secretary of the different county medical societies in the State of New York—premising, by the way, that the medical organization there, next to that of Connecticut, is the most complete of any in the Union.

*Albany Co.*, Drs. P. Van Buren, President, and H. Green, Secretary. *Broome Co.*, Drs. S. H. French, and Lansing Briggs. *Chautauque Co.*, Drs. O. Benedict and C. Parker. *Chenango Co.*, Drs. Royal Ross and Thompson Mead. *Columbia Co.*, Drs. J. M. Pruyn and H. A. Hearmance.



*Cortland Co.*, Drs. B. Smith and Geo. W. Bradford. *Erie Co.*, Drs. J. Pride and James White. *Genesee Co.*, Drs. I. S. Billings and C. H. Austin. *Herkimer Co.*, Drs. Lester Green and C. L. Easton. *Jefferson Co.*, Drs. J. B. Crane and Chas. Goodale. *Montgomery Co.*, Drs. James Diefendorf and I. I. Buckbee. *New York Co.*, Drs. John C. Cheesman and B. C. Coit. *Niagara Co.*, Drs. I. S. Shuler and O. Hill. *Onondaga Co.*, Drs. M. Phillips and N. R. Tefft. *Orange Co.*, Drs. Chas. Winfield and J. W. Ostrom. *Orleans Co.*, Drs. Caleb Hill and Lemuel C. Paine. *Otsego Co.*, Drs. John Hannay and A. Todd. *Rensselaer Co.*, Drs. S. A. Cook and E. F. Crandall. *Saratoga Co.*, Drs. J. Pulling and L. Moore. *Seneca Co.*, Drs. Eastman and Bolter.

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*A Premium for Vaccination.*—In France, the government pays two francs to every poor person who is willing to be vaccinated, and the same sum for each child brought by its parents. A central depot in Paris transacts the business, and the city is a great gainer by the operation. Ignorance and prejudice can both be modified by money. The poor in Paris would never submit to vaccination, were it not for the premium, which will purchase bread or a ticket to the opera. Were it not for this plan, the small-pox would always rage, and the expense of providing for the necessities of the poor in pest-houses, and burying the dead, in that great city, would probably amount to ten times more, in a single year, than the sums now disbursed to promote kine pock inoculation.

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*Operation for Deformity from Burn.*—A New Haven, Conn. paper relates that an exceedingly delicate operation was performed at the Hospital in that city on Wednesday last, by Dr. P. W. Ellsworth, a surgeon of Hartford. The subject was a girl eleven years of age, of Humphreysville, who was horribly deformed from a burn which she received when three years of age. The scar covered the whole of one side of the neck, extending from the left ear to the middle of the chin, and again from the anterior to the posterior end of the collar bone. By the contraction of the skin, the lower lip was completely turned out nearly to the bottom of the chin, and the jaw was drawn down to the breast, so that the position of the lower teeth was horizontal. Dr. E. divided the scar and brought the jaw and lip up to its proper position; but this left a large gaping wound which it was necessary to fill, and this was done by cutting a strip of skin large enough to answer the purpose from the shoulder; this strip, several inches in length and breadth, was not entirely detached, but was connected at one end where it was twisted, and then laid over the wound, the fleshy substance of course down; and the wound was then bound up.

The wound on the shoulder was carefully drawn together, and the patient is doing well. She bore the tedious and painful dissection with great fortitude. The entire operation, we learn, was never performed in Europe, and never before in New England. It is not unusual to release such contractions of the skin by the knife; but Dr. Mutter, of Philadelphia, first attempted to cover the wound from the adjoining skin. It has been tried five or six times in the country since with success, and it is believed that this first case in New England will result satisfactorily. Dr. Ellsworth has been very successful in other delicate operations, and takes a high rank in his profession.

*Expiration of Patents.*—The fact has been officially announced, that the following patent-right medicines are no longer protected by law, the term of the patents having expired. They are thus designated :—*Cough Drops*—the proprietor of which resided at Cornwall, Conn. *Gout Nos-trum*—patentee in New York. *Medicine* (object not specified)—proprietor, F. Bird, Augusta, Ga. *Rheumatic Pills*—by E. Dean, Biddeport, Mass. *Apparatus for infected Spine*,—patented by J. K. Casey, New York. *Teeth—terro-metallic*—by A. Plautou, Philadelphia.

These articles and compositions, which at one period, and that only fourteen years ago, were considered of so much importance that the inventor secured his rights in them at the patent office, are now fast passing into forgetfulness. It would be curious to ascertain whether the proprietors ever realized the fortunes that were in prospect when the extraordinary properties of their doses were first trumpeted abroad to the public. Of all silly things, the patenting of medicinal compounds is the most ridiculous.

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*Neurology in New York.*—A correspondent in New York asks—“Why don't you blow up that humbug *neurology*—for a greater never was ushered into the light. The last female operated upon here (the experiments may be found in your Journal) turns out to be ——— and says she was trying to see how far she could hoax the doctors. Mr. Inman, on whom Dr. Buchanan operated while here, lost his impressibility at Albany, immediately after that exposure by the medical student, and has not yet recovered it. If convenient, I wish you would publish a piece of poetry contained in an article in the March or February No. of the Democratic Review, headed *Neurology*. I wish the whole thing may be exposed in Boston—for a greater piece of charlatany does not exist. Dr. F. has injured himself much by endorsing it.”

*Note.*—Neurology has taken so well in Boston that a committee have invited the discoverer to visit Boston again in September, say the papers. It has been quite the go, and would have been more profitable, were it not for a more exciting discovery announced by a Scotchman, relative to going without sleep. The idea of always being wide awake is beginning to have admirers, and a committee may, perhaps, report upon the propriety and feasibility of dispensing with beds, sleeping-rooms, night-caps and nurse-lamps, in all time to come.

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*Medical Degrees Conferred.*—On the 31st of March, the Rev. John Ludlow, Provost of the University of Pennsylvania, conferred the degree of Doctor of Medicine on one hundred and fourteen gentlemen. A valedictory address by Dr. H. L. Hodge was delivered on the occasion.

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*New York College of Physicians and Surgeons.*—Dr. James R. Manley, one of the most talented and eminent members of the medical profession in New York, has been elected president of the College of Physicians and Surgeons, in place of Dr. John Augustine Smith, who resigned. The Regents of the University have shown that they are men of sound discretion in this appointment.



*Delirium Tremens treated with Belladonna.*—An interesting case is related in a late No. of the London Lancet, in which a plaster of pure extract of belladonna, applied to the spine between the scapulæ, was successful in inducing the requisite sleep, which a variety of other means had failed to do. Previous to its use all other medicines were omitted, the bowels cleared by castor oil, and a good-sized blister applied to the spine. The next morning the cuticle was stripped from the blistered surface to the extent of three inches long by two wide, and the belladonna applied. The most profound sleep came on in nine minutes from its first application. Three days after, wakefulness having again returned, another application was resorted to, the plaster being placed higher up, and being smaller. In twenty-five minutes sound sleep was induced, which continued for *nine hours and a half*. The belladonna was once more applied, though much less needed than previously, and convalescence soon took place.

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*Contributions to Science from Sicily.*—Professor Portal has forwarded for publication in this Journal, a minute tabular report of his practice in a particular line, which will have place whenever the translation has been completed. It is creditable to the country in which he resides that Professor Portal has encouragement of a substantial character from the government. His pen is incessantly moving, it would seem, from the vast amount of literary and scientific labor he performs in the course of a few months.

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*New Publications in England.*—The Life of a Travelling Physician, from his first Introduction to Practice: comprising Twenty Years' Wanderings through the greater part of Europe; with Notes of Events, Descriptions of Scenery, and Sketches of Character. 3 vols. This work is the real life of an English physician. It consists of a journal commenced to relieve the ennui of a dull foreign court, and continued until the author's recent return to England.—*Methodus Medendi*; or, the Description and Treatment of the principal Diseases incident to the Human Frame. By Henry McCormac, M.D., Consulting Physician to the Belfast Hospital, &c.—*Lectures on Subjects connected with Clinical Medicine.* By P. M. Latham, M.D., Physician Extraordinary to the Queen, and formerly Physician to St. Bartholomew's Hospital. Part II., chiefly on Diseases of the Heart.—*Homœopathy*—the true healing art, by Dr. Ludwig Colmann.—*Observations on the Extraction of Teeth*, with plates, by J. Chitty Clenden, Surgeon.—*Derangements, primary and reflex, of the Organs of Digestion*, by Robert Dick, M.D.—*A New Theory and Treatment of Diseases*, founded upon natural principles, by John Finnon, M.D.—*Remarks on Medical Reform*, a second letter from Sir James Clark.—*Views upon the Statistics of the Human Chest, Animal Heat, and Determinations of Heat to the Head*, by J. Jeffreys.—*Observations on the Act for Amending the Law relating to Private Lunatic Asylums in Ireland*, by William Hasty, M.D.

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*Spontaneous Detachment of a Uterine Polypus.*—A singular case of this nature is reported by M. Marchal, of Calvi, in Corsica. A woman, 48 years of age, had, for about three years, been subject to frequent and

profuse uterine discharges, accompanied by pains in the loins and a sense of weight in the pelvis. Conjecturing the existence of an inflammatory engorgement of the uterus, the medical attendant ordered leeches to the hypogastrium, hip-baths, rest, &c. Being of an active turn, the patient neglected to fulfil the latter injunction, and, one day, on lifting a heavy vessel of hot water for one of her baths, she felt a sudden sensation of an internal rupture, and passed, per vaginam, a body of a tissue like the uterine structure, to which it had been attached by a peduncle. Other cases of a spontaneous separation of a polypus are on record, but in these instances the result had occurred from ulceration of the peduncle, and not as a consequence of a sudden effort, which, according to M. Marchal, renders the case unique.—*Bulletin de l'Acad. Royale.*

*Medical Miscellany.*—The Herkimer County Medical Society, N. Y., has a library of about 700 volumes.—A disease somewhat resembling influenza, is represented to be making sad havoc among the cattle and sheep in Lincolnshire and Yorkshire, England.—A number of sailors who broke into a receiving ship, the *Tagliaferro*, at Malta, to procure wine, made a bad mistake and drank so much spirits of *turpentine*, that nine of them died.—A breakfast service of plate of the value of \$70 has been presented to Mr. Paget, Demonstrator of Pathological Anatomy at St. Bartholomew's Hospital, by his pupils.—Clark on Climate, Gibert on the Blood, Macrobien's Introduction to the Practice of Medicine, and Institutes of Surgery, by Sir Charles Bell, are to be had in separate volumes, very reasonably, of the publishers, Messrs. Barrington & Haswell, or their agents.—Assistant Surgeon Dr. J. Huntington, U. S. N., is ordered to the Macedonian; Assistant Surgeon Dr. J. H. Smith to a recruiting vessel at New Orleans; Assistant Surgeon Dr. E. J. Butler, to the Macedonian; Dr. G. Blacknall, attached to the Brandywine; Dr. R. W. Jeffrey, Assistant do.; Dr. Daniel S. Green, Surgeon to the Vandalia; Dr. Thomas M. Potter, Assistant do.—Dr. Thomas P. Jones, of Washington, D. C., is nominated to be one of a commission to test steam apparatus to prevent explosions.—Dr. Lovell, a native of New Hampshire, who has resided in St. Domingo for the last dozen years—and who was not long since condemned to be shot by Boyer's government, for aiding the Patriots—was subsequently liberated, probably through the influence of General Borggella, the President of the Council, whose life the doctor had more than once saved by his professional skill.

TO CORRESPONDENTS.—Dr. Trowbridge's Lecture on the Treatment of Hip-disease, Remarks on Dr. Sewall's Plates of the Stomach of Drunkards, Dr. North's Retrospect of Practice at Saratoga, are on file for publication. A variety of papers relating to the Brass-ratchet controversy have also been received, some of which may hereafter be inserted.

MARRIED.—Dr. S. W. Butler, of Newport, to Miss Emeline Augusta Backus, of Farmington, Me.

Number of deaths in Boston, for the week ending April 22, '32.—Males, 14; Females, 18. Stillborn, 6. Of consumption, 1—scarlet fever, 1—smallpox, 2—scrofula, 1—teething, 2—dropsy on the brain, 3—fractured thigh, 1—infantile, 3—inflammation of the lungs, 2—inflammation of the bowels, 1—disease of the heart, 2—lung fever, 3—convulsions, 1—typhus fever, 2—old age, 1—drowned, 1—dropsy in the head, 1—liver complaint, 1—hooping cough, 1—disease in the head, 1—measles, 1. Under 5 years, 17—between 5 and 20 years, 3—between 20 and 60 years, 7—over 60 years, 5.



*Reduction of a Prolapsus Uteri, after Sixteen Years' continuance.*—M. Durant records an interesting case of this in the Transactions of the Medical Society of Ghent. The wound protruding beyond the external parts, and covered by the inverted vagina, presented a globular tumor, round and contracted at its origin into the form of a circular appendix. The *os uteri* was clear at its inferior part. The tumor at its middle part was fifteen and a half inches in circumference. Its external surface was brownish red, and covered with crusts and ulcerations. The long continuance of the affection had seriously injured the general health of the patient—she was pale and emaciated, and subject to sleeplessness, and cramps of the stomach.

M. Durant, before attempting reduction, kept the patient on light diet, and at rest in bed in a proper position; at the same time dressing the tumor with opiated emollient fomentations. Its surface speedily softened, and the crusts fell off, leaving superficial sores. After six days of this treatment, the operation was performed. It having been ascertained that the rectum and bladder were empty, the patient was placed in the position most advantageous for the entrance of the womb. M. D. then introduced the right forefinger into the *os uteri*, and burying it, pushed upwards in the axis of the tumor, which itself was placed in the axis of the true pelvis—then retaining the uterus in its place with the left hand, withdrew the finger, and, repeating this manipulation with gentleness, just as one turns the finger of a glove outside in, accomplished the reduction in less than an half hour. He then inserted into the vagina a sponge, cut into the form of a cylinder, and saturated with an emollient decoction, the thick end being highest up, and a cord attached to the other, for the purpose of removing it at pleasure. This sponge-pessary was retained in its place by means of compresses, and the T bandage. The patient did well, speedily gaining flesh and strength. During the after treatment, which continued for about six weeks, emollient and astringent lotions were employed, and an ordinary-sized caoutchouc ring-shaped pessary was used, the saturated sponge and the injections being passed through its centre.—*Journ. de Méd. et de Chirurg. Prat.*

*Hook Swinging in India.*—In the centre of this vast collection is the swinging apparatus, circumscribed by a mound of earth raised about two feet, and having a radius of fifty feet, which forms the boundary of approach to the people. It resembles a crotch and pole for drawing water in America, and is made to perform a rotary and perpendicular motion by reason of a socket and pivot. Large ropes are attached to each end of the lever, by which it is drawn down and raised at pleasure. The gaudy idols borne on men's shoulders attended by spearmen, drummers, pipers, dancers, etc., have arrived with their victim at their respective places of destination. While the man is being suspended from the massy beam, by means of a small cord, one end of which is attached to a double-pointed hook which has been inserted under the two large tendons of the back, an almost breathless silence pervades this entire multitude. A universal cheer by clapping the hands thrills like an electric shock the multitude, as this devotee to ignorance, superstition and idolatry rises and swings in the air. Flowers, leaves, strips of cloth and paper are strown by him in every direction, which are seized by hundreds of uplifted hands below, as so many priceless and imperishable treasures.—*Missionary Herald.*

T H E

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REMARKS ON THE PATHOLOGY OF DRUNKENNESS, WITH PARTICULAR REFERENCE TO DR. SEWALL'S PLATES.

[Communicated for the Boston Medical and Surgical Journal.]

As the accuracy of Dr. Sewall's Plates, illustrating the morbid changes produced in the human stomach by alcoholic drinks, has been called in question, and as truth is most likely to be elicited by free discussion, I shall offer such considerations as some attention to the subject for several years past may suggest; premising that whatever statements are made, they are, for the most part, the result of my own personal observations. Before, however, proceeding to the main question, it may be remarked, that there are various circumstances which modify the effects of alcoholic drinks, not only in different individuals, but even in the same individual at different periods. For example, the susceptibility to the influence of poisonous agents, especially that of alcohol, as manifested by external signs, varies extremely in different persons, and there can be no doubt that there is a proportionate difference in the changes produced in the internal tissues with which it comes in contact, owing to the varied condition of vital power, which, in some, causes a far more successful resistance to noxious agents, than in others.

Considerable experience, moreover, is necessary to determine morbid changes in the mucous membrane of the stomach and bowels, and to distinguish them from such as are the result of accidental causes operating both before, and after death. Should death occur, from any cause, during the process of digestion, we shall be very certain to find the gastro-intestinal mucous membrane more or less injected, as if from inflammation. In cases of dissolution, from affections of the circulatory or respiratory apparatus, as organic disease of the heart, asphyxia from drowning, hanging or irrespirable gases, we shall generally find, on examination, an injection of the small vessels, in streaks, patches or points, with more or less opacity of the injected membrane, and in some instances, an effusion of blood in the sub-mucous cellular tissue, in the form of ecchymoses. In such cases the digestive mucous surface is tinged of a deep-red, sometimes a vermilion color, owing to the obstruction to the free return of blood to the heart. In the next place we are to consider that the mucous membrane may assume an appearance, which is readily mistaken



for disease, from causes which operate after death. Among these may be reckoned, as the principal,—1. The gravitation of the blood ; and 2. Its transudation through the coats of the vessels. After death, it is well known, the blood gravitates to the most depending parts of the body, and continues to do so, until the animal temperature descends sufficiently low for coagulation to take place. Consequently, during the hottest season of the year, when the process of cooling goes on very slowly, and especially if the system abounds in blood, we may safely calculate to find the mucous membrane of the stomach and bowels more or less florid with blood, and more so, several hours after the extinction of life, than immediately after death. The appearances produced by this cause are called, by anatomists, injection by *hypostasis*.

Again, blood, as well as bile, urine, and other animal fluids, transudes through the coats of the vessels after death, the rapidity and degree of transudation being dependent on the external temperature, the nature of the disease, and the state of the blood, at the time of dissolution. This change is denoted by red spots which are seen in the course of the vessels, running into streaks or patches, and thence spreading, until the whole of the adjacent tissues or surfaces, as well as the vessels themselves, become uniformly tinged of a deep-red color.

Such are some of the causes which modify the appearance of the mucous surface of the digestive canal in health ; there remain a few others, of minor importance, which will be mentioned hereafter. It may very naturally be supposed that if such difficulties exist, it will be next to impossible to distinguish between healthy and diseased structure ; between changes produced by morbid action, and appearances which may result from causes above mentioned. And yet, in a large majority, no real difficulty will be found to exist, the morbid lesions being characterized by peculiar marks, not easily to be mistaken. There are, however, some cases, in which, were we to be guided solely by appearances, we might, perhaps, be led into error ; but when, with these, we connect also the causes which were operating to produce them, the condition of vascular action and of vital power, with which it was associated, we shall, at least in a large majority of instances, be able to arrive at a correct conclusion. To apply this rule in the case before us, if we generally find in the stomach of the drunkard, or even the temperate drinker, certain morbid appearances, not generally met with in the total abstinent, we may justly infer that they are caused by the stimulant which is swallowed by the one and not by the other. It is not denied that occasionally, from the operation of accidental causes, such as those above mentioned, appearances may be observed in the stomach of the water-drinker, analogous to those seen in the drunkard ; but this will be a rare occurrence, and attention to the marks of diseased action, hereafter to be described, will generally enable us to distinguish them.

#### *Plate I. The Stomach in a Healthy State.*

This plate is copied from Professor Horner's "Treatise on Pathological Anatomy." On comparing it with the original, I find it is some-

what more highly colored, but on the whole is as faithfully copied as could be expected, considering the extent to which it is magnified, and answers with sufficient exactness to the description of the morbid appearances, as given by Professor H., as follows. "The whole mucous coat of the stomach was of a crimson-lake color; more intense on the left half, subsiding gradually into a dull pearl, as it approached the pyloric orifice. The blood in the capillaries of the mucous coat which communicated this color, was seen very distinctly not to be in the slightest degree extravasated or ecchymosed; but was confined to the vessels of the villi, the number of which communicated the tinge; therefore, where they were less abundant, the color was less intense. When examined in detail, the color or tinge looked like what might be communicated to a surface by touching it, in innumerable places, with the point of the finest cambric needle dipped in blood."

The general appearances of a healthy gastro-intestinal mucous coat, were observed by Professor H. in four cases, as detailed in his work, viz.—1. Where death resulted from hæmorrhage after fasting; 2. In death from puncture of the medulla spinalis with a full stomach in life; 3. In sudden death, the stomach being empty; 4. In sudden death shortly after the introduction of food into the stomach. It may be remarked here, that the patient whose stomach formed the subject of the sketch, from which this plate is taken, died from rupture of the aorta, immediately after eating a hearty dinner, and was examined about five hours afterwards, when the temperature of the atmosphere was 85 deg. Fahr. This will account for its being more highly colored than either of the other three in Professor Horner's plate, two of which are of a bright brown color, without any decided tinge of red, and the third is of a light or pale rose tint, marbled with a pearly, yellowish white.

From the experiments of vivisectioners, as well as an examination of cases, where the interior of the human stomach has been subjected to ocular inspection in consequence of a fistulous opening (of which a case, precisely similar to that of St. Martin, is recorded in the French Physical Journal, Vol. LIII., page 156-7), we know that the mucous surface of a healthy stomach, during life, is of a red tint or pale pink, somewhat deeper than that of the lining membrane of the mouth of a healthy person; and that during digestion the color becomes heightened, from an increased afflux of blood, the secretions at the same time being much more copious. As a general rule, this injection of the vessels disappears after death, as it does also in erysipelas, scarlatina and tonsillitis, leaving the mucous surface of a pale, or yellowish-white color; though in many instances, especially during the earlier years, a slight rose-colored hue remains, either partially or uniformly diffused over the whole lining membrane of the stomach. But besides the circumstances already alluded to, which modify the degrees of color, may be mentioned the presence of gases, in the gastro-intestinal canal, either at the time of dissolution, or from subsequent development; the combination of the coloring matter of the bile, with portions of the mucous surface; the presence of medicinal ingesta, as infusions of log-wood, the tincture of cardamom, compound



spirits of lavender, and the ferruginous preparations. The nitrate of silver, also, if given for any great length of time, tinges the internal surface of the whole alimentary tube, and of the stomach, especially, of a gray slate color, similar to what is sometimes observed on the skin, under similar circumstances. After death from protracted diseases, particularly in children, we find the mucous surfaces of a very pale, or even a milky-white color, and I have already stated, that in cases of death from hanging, drowning, asphyxia from irrespirable gases, &c., the same parts are of a deep crimson, as I have repeatedly observed, and which was most strikingly witnessed in the cases of Gibbs and Walmsley, who were executed several years since for piracy. In cases of death from starvation from total want of food, the mucous membrane of the stomach is also found injected; though in protracted cases of abstinence giving rise to general anæmia, the same structure participates in the want of blood, and is unnaturally pallid. In animals, which have been kept for several days and then killed, I have frequently observed the stomach to be highly injected, amounting even to a vermilion hue. Age has also considerable influence on the color of the mucous membrane, it being more florid in youth, paler in the adult, though still presenting the rosy tint, while it assumes a pearly-white or grayish appearance in middle life, and merges into a cineritious aspect in old age. The quantity and quality of the food also modify the color of the mucous coat. For example, if two dogs be fed, the one with milk, and the other with concentrated animal broth, highly seasoned with salt and pepper, and killed an hour after, the gastric mucous membrane of the latter will be found more deeply injected and of a more florid hue than that of the former.

Now although it is very important for the pathologist to know the nature and the influence of these modifying causes, yet it is very evident that they cannot, and should not be taken into account, in presenting a pictorial representation of the appearance of a healthy stomach. What the pathologist aims to do, and all he can do, is to give a *type* of the healthy stomach, as found to exist in the large majority of cases; and this, I believe, Professor Horner has admirably accomplished in the plate which Dr. Sewall has copied into his work. It may indeed be said, that the artist has neglected to copy the rugæ, and the mottled, or beautifully marbled appearance which is presented in the original plate, and which may also be seen in the plate attached to Dr. Gross's *Pathological Anatomy*; but as the copy was not particularly designed for the purpose of instruction in pathological anatomy, although it answers this end to a very satisfactory degree, these minutæ, with respect to shades and coloring, have been omitted. Taking it, however, as it is, whether in the large or small plates, it must be admitted that it conveys to the mind a more correct and vivid representation of the healthy mucous membrane of the stomach, than any mere verbal description could do, and therefore fully answers the object for which it was designed.

*Plate 1. Figure 2.*—This figure is intended to represent the condition of the internal surface of the stomach of the temperate drinker. In color it is somewhat deeper than that of the former, but it differs from

it in the fact that the bloodvessels are distinctly visible, ramifying in every direction, and presenting an appearance as if they had been injected with red wax. In the language of Dr. Sewall, "that beautiful net-work of bloodvessels, which was invisible in the healthy stomach, being excited by the stimulus of alcohol, becomes dilated and distended with blood, visible and distinct. This effect is produced upon the well-known law of the animal economy, that an irritant, applied to a sensitive surface of the body, induces an increased flow of blood to the part. The mucous or inner coat of the stomach is a sensitive membrane, and is subject to this law." In these remarks I conceive that Dr. S. has truly set forth the fact, as it is, and the reason, or physiological law on which it rests. To gainsay it, it must be proved, that alcohol is not a stimulant or irritant to healthy tissues, or that bloodvessels do not become dilated from the application of irritants to membranes which they supply. That alcohol is a powerful local irritant, I need hardly undertake to show; and yet there are some who most absurdly deny that it must necessarily have such effect, if taken in moderation. It would be a waste of time to dispute about so vague and indefinite a matter as what is called moderate drinking; when the meaning of the phrase is distinctly defined, and the exact quantity beyond, or this side of which, the term would be inapplicable, has been fully settled, it will then be time enough to enter upon a discussion of that particular question. But as the greater necessarily includes the less, if it be shown that alcohol is a local irritant to whatever of the tissues it may be applied, then it follows that, other things being equal, the degree or amount of irritation will always be proportioned to the quantity employed. This is a rule of universal application. It is true in relation to the narcotic stimulants and some of the acrid mineral poisons, as arsenic, that life may suddenly be destroyed by the shock given to the nervous system, apart from any local irritant effect upon the mucous surface of the stomach: but we are speaking now of alcohol as generally employed as an article of drink. Is alcohol, then, a local irritant to the tissues of the animal body? It would seem that the simple experiment of holding a quantity of absolute alcohol, or even proof spirit, in the mouth for a few moments, would satisfy the most incredulous as to the real properties of this agent. The heat, smarting, and, if retained for a short time, burning sensation experienced in the lining membrane of the mouth and fauces, indicate its true character, viz., that of an acrid and even caustic stimulant, and if diluted with water, the stimulant impression will be proportioned to the degree of dilution. If a portion be swallowed by a healthy person, a distinct impression of warmth—a sensation of no very obscure kind—is felt in the stomach itself, an organ supplied chiefly by the organic nerves, whose function is to preside over digestion, secretion, &c., and not to convey impressions to the sensorium. Or, let a portion of alcohol be applied to the skin, the cuticle having been first removed, and if the usual effects of an irritant are not produced, then let it be set down as a bland and innocent agent. Fortunately, the case of St. Martin furnished Dr. Beaumont an opportunity of determining the true effects of alcohol upon the mucous mem-



brane of the stomach. After causing him to drink ardent spirits pretty freely for some days, Dr. B. found "some erythema (inflammation) and aphthous patches upon the mucous surface, which increased daily in extent and intensity, until they became livid; and blood, mixed with mucopurulent matter, exuded from the diseased surfaces." The gastric secretions, also, at the same time became deranged; and, what is worthy of particular note, the health continued good, and the patient complained of no uneasy or painful sensation. The free use of ardent spirits, wine, beer, or any alcoholic drink, when continued for some days, invariably produced these morbid changes. In the language of Dr. B., "these morbid changes and conditions were seldom indicated by any ordinary symptoms, or particular sensations, described or complained of, unless when in considerable excess. They could not, in fact, have been anticipated by any external symptoms, and their existence was only ascertained by actual, ocular demonstration."

We know, then, that alcohol, under every form, is a local irritant, and we are also well acquainted, by observation, with the effects of irritants upon the bloodvessels of mucous membranes, as well as the other tissues; viz., to cause their enlargement and consequent congestion. It is, however, worthy of particular note, that this congestion and florid hue of the mucous membrane of the stomach of the temperate drinker, will not always, or perhaps even generally, be found after death, for it is well known, as already remarked, that the minute vessels are often emptied of their contents soon after dissolution. The figure of Dr. Sewall, moreover, does not aim so much to represent the appearances *after death*, as *during life*, and most pathologists, I presume, will admit that this is done, in this plate, with sufficient accuracy. I would not be understood as saying, that such morbid changes are never met with in the stomach of the temperate drinker after death, but only that their absence does not disprove their existence during life. If I may be permitted to refer to the results of my own observations, gathered from a somewhat extensive practice for several years, among that class of patients who resort to dispensaries, during which I embraced every possible opportunity of making post-mortem examinations, I should say, that in a very large majority, say four-fifths, of those addicted to the use of alcoholic drinks, decided changes, both as to color and texture, could be detected in the gastric mucous membrane. In a very large proportion it was more or less softened, and in many to such a degree as to be readily broken down by the slightest friction. In more than half, as I find by looking over my case-book, the bloodvessels of the stomach appeared enlarged and injected. In a few instances I found the mucous coat almost entirely destroyed; a mere pulpy shred remaining, which could be removed with the finger nail with the greatest facility. It was not uncommon, among intemperate drinkers, to find the inner surface presenting a dark mottled appearance, the color varying from a dark brown, or livid, to a vermilion red. In a few cases, I found it of an ashy paleness, as if the bloodvessels had been corroded, or destroyed by the alcohol. In all cases of death from drinking too

much cold water when over heated, in intemperate subjects, the mucous membrane was found highly florid, and sometimes of a deep brick red.

I shall conclude my remarks on this plate, with the following quotation from a note which may be found in my edition of "*Bacchus*," page 323.—"The local effects of alcohol on man, vary with the strength of the liquid, the substances with which it is combined, the quantity taken, and the constitution of the patient. In all cases, it acts as a powerfully irritant and caustic poison. Wherever it is applied, it causes contraction and condensation of the tissues, and gives rise to pain, heat, redness and other symptoms of inflammation. These effects depend on the chemical influence of alcohol over the constituents of the tissues; for its strong affinity for water, causes it to abstract the latter from soft lining parts, with which it comes in contact; and when these are of an albuminous or fibrinous nature, it coagulates the liquid albumen and fibrin, and thus increases the density of the tissue. Dr. Thomson supposes that the irritation and inflammation set up in parts to which alcohol is applied. depend partly on the resistance which the living tissue makes to the chemical influence of the poison; in other words, that it is the reaction of the vital powers, brought about by the chemical action of alcohol. The first effects of alcohol, therefore, we find to be, a condensation and thickening of the coats of the stomach; but long-continued irritation and inflammation, cause complete disorganization, breaking down the tissues into a soft, pulpy mass, bearing no resemblance whatever to the original healthy membrane."

It seems to me entirely unnecessary to undertake a formal refutation of the opinions or arguments of those who reason from the effects of food to those of alcohol, and maintain that in moderation, both are equally necessary and useful. If food is really a *poison* in the same sense that alcohol is, it is really important that it should be known, and especially that the reasons for such an opinion should be given. For one, I do not think that those medical writers err, who assign alcohol a place in the *materia medica*, among the acrid narcotics; and while it stands there, the judgment of those may well be questioned, who plead for its habitual, albeit temperate use, as not only innocuous but absolutely beneficial, if not essential to our physical well-being.

[To be continued.]

#### DR. NORTH'S RETROSPECT OF MEDICAL PRACTICE AT SARATOGA.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having, as you know, accumulated several manuscript volumes of medical cases in the treatment of invalids resorting to the Saratoga Fountains, I comply with your own suggestion and request, and forward you, for insertion in the Journal, such a number of these cases as may serve to keep those of your readers who may feel interested in the subject, informed of a portion of the professional mode of proceedings at the Springs. To the youthful practitioner, the pathology and treatment of chronic dis-



eases are too often matters of comparative indifference. He covets a succession of diseases which admit of simple comprehension and arrangement, and clear, rapid and unequivocal cures. In his preparatory studies his mind naturally and almost necessarily fixes on the investigation and removal of acute diseases. But as he progresses, he is compelled more and more to turn aside from his routine engagements and to listen to the groanings of protracted disease, till at length he comes to feel that the skilful detection and cure of chronic ailments must form his brightest claim to the gratitude of his employers and to the admiration of his brethren.

The composition and *modus operandi* of these waters are so well known to the medical profession, that the details of treatment at the Springs will probably be fully within their comprehension. Ordinary medicines, too, it will be seen, are frequently conjoined with the waters, either to qualify, co-operate or counteract. Baths, also, it is believed, will not fail to interest the general practitioner; and if he shall be induced to reconsider and settle more fully his opinions on their practicability and usefulness, even in his own expedients for the removal of disease, this article will not have been furnished in vain. Indeed, since residing by these springs, and witnessing the unequivocally happy effects of the hot, cool and shower baths, and reflecting on my own vague notions formerly, I have often wished I could be permitted to address to my medical brethren, either by personal interview, or through your pages, a lengthened communication limited expressly to the admirable resources that may be found in baths applied on correct principles. In the present paper the consideration of baths must be only incidental; as the selection of cases is made rather with a view to variety of diseases, patients, places of residence, &c., than to an illustration of particular remedies.

In the details of each case, the reader will perceive abundant proof of an entire disregard to method or exact construction; and, though apologies are usually awkward things, it should in justice be stated, that the rapid, condensed form of the original records, resulting from the very undesirable fact that a year's business must be compressed into a few weeks, seemed even more likely to convey an accurate impression of the true nature of each disease than to remodel and attempt to decorate a plain statement of the facts.

One word respecting the different springs spoken of in the present communication. The *Putnam*, or *New Congress*, is the strongest chalybeate spring in the village, and is prescribed in cases of great atony and feebleness. Next to this, in point of chalybeate power, is the Pavilion Spring, near the Pavilion Hotel. This water is also highly gaseous, and exhilarating as well as tonic. The *Old Congress* is probably next in its tonic effects, although no analysis has been published since it was reconstructed last year. Since that event it has recovered all its former favor. Its cathartic powers were never greater. The multitudes that resorted to it last summer fully attested their own appreciation of its restored excellence. The *Iodine Fountain*, having but one grain of iron in a gallon, is my favorite spring in cases of inflammatory tendency requiring a cathartic, deobstruent and alterative of a nature as little stimulating as possible.

The baths, it will be understood, are always of some mineral spring, unless expressly mentioned otherwise. Although much gas is thrown off by raising the bath to 100 deg., yet it has seemed certain to me, that there is some peculiar effect of these waters resulting from the carbonic acid which leaves the skin warm and dry, and which never results from sea water or the simple water bath.

Yours, very truly,

Saratoga, April 20, 1843.

M. L. NORTH.

**CASE I.** *Chronic Headache, nearly continuous, of a Neuralgic Character.*—Miss H. H. A., July 24, 1841, from one of our eastern cities. Age about 18. Full, healthy countenance, florid. A year ago last winter, catarrh. Had scarlet fever last spring. Not so well since. She had also, soon after, tic douloureux of the face, which was cured by iron, without relieving her headache. Headache increased by horizontal position. Great oppression in her head nights. She has some intervals of ease. Reading invariably brings on the pain. No marked fault of digestive apparatus, except costiveness. Tongue slightly furred. Pulse 84 and very soft. *Atonic cephalalgia.* *Directions.*—Three half-pints of Putnam's Congress before each meal. Also bath of mineral water every evening, at 100 deg.

*July 27.*—Pulse 84 and soft. Head rather improved. Sleeps well. *Directions.* Continue baths. Take four half-pints of Putnam's Congress before each meal.

*August 1.*—Very costive, although she takes twelve tumblers daily. Pulse 80 and very soft. Confused feeling in head. Lost her recollection. Crazy. As this probably arises from the coldness of her four tumblers of *tonic* medicine robbing the heart and arteries temporarily of their accustomed vigor, and thus depriving the brain of its energy, take four tumblers of Putnam's spring in the morning, and three before each meal, after its becoming warm in your room. Let the baths be from 106 to 110 deg., and continued daily.

*August 13.*—Bowels still inactive. No recurrence of vertigo and loss of recollection since she had the water warmed. Scarcely any headache since last date. Eyes still very weak. No increase of strength or appetite. Takes her baths very hot. Color increasing. Pulse 76 and no stronger. *Directions.*—R. Tinct. cinchona comp.  $\frac{3}{4}$  i.; solut. arsenical. Fowler,  $\frac{3}{4}$  j. M. Dose,  $\frac{3}{4}$  j. before each meal. Continue baths and Putnam's Congress.

*August 21.*—Her aunt is so much satisfied with her improvement that she leaves on the 23d. Says she shall have hot baths constructed at home.

P. S. *July 25, 1842.*—Miss A. is here on an excursion of pleasure. Has had tolerable health since her visit last season. It will be perceived that the most probable agencies in the removal of Miss A.'s neuralgia were the strongly tonic and alterative effects of the water, without any cathartic operation, and the hot baths.

**CASE II.** *Leprosy Vulgaris.* *Leprosy.*—May 27, 1841. W. A. Streeter, Dentist. Age, say 27. Has been afflicted several years with



white, branny, elevated circular patches of a squamous eruption. Inherited it from his mother. He has two children in whom the disease is already developed. Is taking the Pavilion water freely all day, without baths or any internal medicine.

July 31.—Soon after last date went to New York. The physicians there pronounced it "*western leprosy*." Since his return, and in his absence, he has taken the Pavilion water freely and no other remedy. His skin is now, and has been some time, perfectly free from the disease. His two children, whom I have not seen, he says are also entirely cured by the same spring.

CASE III. *Fits for thirty Years. Many Bleedings. Dropsy of the Abdomen.*—June 9, 1841. Moses Pressy. Age 49. Farmer. Has had "cramp convulsion" fits; usually several a year. Seldom recovers from one without being bled. The fits followed by mental derangement a week or ten days. His memory now quite impaired. For a year past has had dropsy of the abdomen, with which he was at one time confined four months, under the care of two physicians. Took digitalis, &c. Reduced him. Took drastic portions of jalap and cream of tartar. Operation powerful; yet no great relief. Was bled freely and frequently previous to January. Is very costive. Abdomen very full and hard. The integuments so thick as to yield little to pressure, and to render the sense of fluctuation at this time very obscure. Abdomen tender on pressure. Pulse 84 and hard. Skin moist. Appetite poor. No infiltration of cellular tissue. Urine nearly natural. *Directions.* R. Tart. antimonii, gr. vi.; extract. glycyrr., 3j.; sem. carui, 3j.; vin. Madeiræ, 3ij. Misce. Dose 3j. each night at bed-time. Take every morning, early, at the spring, four tumblers of Iodine water, each containing 3j. super tart. potassæ, in a state of effervescence. No more mineral water through the day. Abandon tea, and all hot fluids, and take small draughts of iced water when thirsty. Spare and particular diet.

10.—All favorable.

June 12.—Pulse 72 and much softer. Free evacuations. Face very pale. Feeble. Slight nausea. Appetite diminished. Omit the antimonial. Continue the Iodine water and cream of tartar, four tumblers each morning.

14.—Food sits more easily and relishes more. Tongue improved. So is the countenance. Stronger than two days ago. Pulse 64, and all hardness gone. Sleeps well. Proceed with the same.

16.—Bowels very loose. Eight or nine operations a day. No tenesmus nor pain. Portions of food have all along, and do yet, pass whole. Yet feels stronger and is rapidly growing hungry. Is sleepy day and night. Sleeps on left side, first time for five years. Not the least tenderness in pressing abdomen, which is very soft and diminishing. *Directions.*—Let the hyper-catharsis proceed and keep up the internal, local depletion. Used to chew one pound of tobacco every two weeks. Commenced entire abstinence from this yesterday.

22.—Some color of face. Bowels more quiet. Takes three times as much food as when he arrived. From one to three evacuations daily,

and more solid. No undigested portions of food in dejections. Pulse 72 and perfectly soft.

29.—Omit the cream of tartar, and take six tumblers of iodine each morning and one before dinner and tea.

July 3.—Is every way improving. His abdomen natural. Appetite great. Countenance healthy. Sleep good. Evacuations solid. He can walk freely.

In a letter which he addressed to a gentleman in this place soon after, he says—"I have not been as well in five years; have had no fits since I commenced the Iodine water, and can walk five miles without inconvenience."

CASE IV. *Bilious Complaints after Southern Fevers.*—August 16, 1841. S. A., from Conn. Age, say, 25. Has had a run of fever three summers in Georgia and Alabama. Last winter severe cough. Unwell ever since. Dyspepsia. Spits up his food. Tongue pasty. Pulse 54 and soft.

September 2.—Mr. A. has, with scarcely any variation, taken five tumblers of Iodine water early morning daily, and three before dinner and tea, and every second day a mineral bath at 110 deg. His recovery is very rapid, and he leaves to-day "well as any one."

CASE V. *Uterine Hemorrhage and Dropsy.*—Aug. 9, 1841. Mrs. R. I., Massachusetts. Age 45. In May last had four weeks of uninterrupted uterine hemorrhage. Since then some intermissions. Discharges accompanied with no pain. They are of all colors. General weakness. Legs, feet and body œdematous since May. Walking puts her out of breath. Side weak. Tongue smooth. Has acidity, flatulence, heart-burn. Pulse 74 and very soft. *Directions.*—Take one full gallon of Iodine Spring water in the course of each day. Mineral baths for twenty minutes every second morning at 98 deg.

12.—Has taken the full amount of water prescribed. No great inconvenience. About two alvine evacuations daily. Free diuresis. Feels stronger. Her limbs better. Pulse 74 and stronger. *Directions.*—Bathe daily at 100 deg., and continue the same amount of Iodine water.

24.—Has taken one gallon a day, and continued the baths. Alvine evacuations most copious and frequent. Is *very* weak. Bloating gone. Had a common, natural menstrual turn last week, accompanied by its usual pain, and rather sparing in quantity. Appetite good. Food sits easy. Pulse 80, soft. Sweats much in the bath and afterwards. *Directions.*—Omit iodine for the present, and take one tumbler of Pavilion water before each meal. Continue bath every second day at 100 deg.

September 3.—Mrs. I. is soon to leave. The bloating entirely gone for several days. Hungry. Sleeps well. No dyspnœa. Color of face good. Walks with ease. Improved every way.

*Remarks.*—1st. In atonic cases of dropsy there exists no objection to carrying the internal use of these bracing waters to a very liberal extent with a view to their operation both as a diuretic and a hydragogue cathartic. 2d. Hot baths, instead of increasing passive hemorrhage, may exalt the system from a state so feeble as to admit of a suspension of regular menstrual



efforts, to one in which this function occurs in a perfectly normal and healthy manner.

**CASE VI. Chronic Rheumatism. Permanant Enlargement of the Joints.**—July 15, 1841. T. J., Esq., Vermont. Age 55. Full habit. Sallow countenance. Seven years since had dyspeptic stomach. Could do no labor for three years. Then was in business till May, 1840, when pain, heat and lameness commenced in his left ankle. The ankle has remained enlarged and painful ever since. Till this form of his disorder, his complaints had been confined wholly to his stomach, which was very dyspeptic. The metastasis nearly removed his dyspepsia, there being no manifest fault of digestion except obstinate costiveness, and the necessity of a steady adherence to light diet.

From the left ankle the affection migrated to the left knee. Then to the spine, shoulder-blades, cords of the neck, both hands, and finally the right knee. The joints are all permanently enlarged, stiff and painful on motion. The left knee during three months last winter was exceedingly hot and painful, and is now enormously enlarged by thickening of the integuments outside the joint. Has taken morphine twice a day for three months. Long exposure to cold on the salt water, last autumn, greatly injured him. Cough through the winter. Pulse 92, quick, soft. In the absence of all proof that this inflammation is of an active or entonic character, Mr. J. is to take the waters and baths as tonics and stimulants. Take five tumblers of the Pavilion water, warmed by standing bottled over night in the room, each morning before breakfast, and one or two tumblers from the High Rock spring before dinner and tea. Bath of mineral water 98 deg. for twenty minutes every second day.

20.—Sweats freely in the bath. Is faint on leaving. Limbs less painful after the bath. At times joints hot. Evacuations from bowels and bladder free. Pulse 92. Has diminished his morphine one half. *Directions.*—Bath second day at 94 deg. for forty minutes. Continue waters internally.

27.—Stays in bath forty-five minutes. Can walk immediately after without crutch or cane, and now walks across the office with only a cane. To save life could not have borne his weight twelve days ago. Great diminution of pain and increase of flexibility for hours after the bath. Takes only one third his morphine. Pains much more gentle. His voice losing its huskiness, and countenance more florid and healthy. *Directions.*—Continue all, and stay in the bath one hour at 96 deg.

*August 2.*—Has two loose evacuations daily. Appetite good. Thinks forty minutes in the bath better than sixty. Pulse 80 and soft. Only one quarter of his morphine. *Directions.*—Try bath at 102 deg., also continue the waters internally. Also R. Tinct. sanguinar., aqua ammoniæ, aa  $\frac{3}{4}$  j. Misc. Dose forty drops before each meal.

19.—Has continued his water, ammoniated tincture of bloodroot and baths to this day. Has no trouble at all about the bladder. Yesterday dressed and undressed without the aid of his servant. No pain of joints. Size of all rapidly diminishing. Can now wear ordinary shoes. Walks

freely and rapidly with his cane only, and scarcely limps. Intends to leave his crutch in Saratoga. Has wholly relinquished his morphine.

CASE VII. *Chronic Inflammation of Liver.*—July 1, 1841. S. W. P., from Canton, China. Age about 52. Was once very healthy. Been 14 years in China. The walls of houses very wet at Canton. Heat of summer exceedingly oppressive. It rains about sixty days in the spring, in succession, without sunshine. Had repeated attacks of "liver complaint." Once had mercurial ointment rubbed into his side fifty-six nights. No salivation. Had excessive cough. Finally went into extreme emaciation, and was supposed near his end. Went to Manilla, where an American physician covered his whole chest with tartar-eretic pustules. "Surface all raw." Was continued forty-five days. In three weeks perceived he should recover. Mr. P. is now troubled with asthma. Has fixed pain in his right side and shoulder. Eyes yellow. Costive. Tongue white. Appetite voracious. Oppression from food. Restless nights. Pulse 72, full and strong. His diathesis evidently entonic, which is probably increased by a very liberal use of hot potatoes of black tea morning and evening. *Directions.*—R. Mass. pil. hyd. 3j.; tart. antimonii, grs. iv. M. Ft. pilulæ, xvi. Take one each night. Take three tumblers Congress water, cold from the spring, each morning, and add sulphate magnesia sufficient to induce free watery stools daily. Mineral bath at 90 deg. every second day.

21.—Mr. P. has consulted me almost daily since first date, and the records were regularly made. The course was so uniform as not to need the details. The Congress water and salts, blue pill and tartrate of antimony, together with the bath at 90 deg., were steadily continued. The bath at 90 deg. proved refrigerant and depressing; and co-operated, in conjunction with Epsom salts, antimony, blue pill and vegetable diet, in keeping down the strong inflammatory tendency of his constitution. He expressed his full and distinct perception of daily amendment. The nameless annoyances of long-continued disease rapidly gave place to the happy sensations of convalescence. For ten years had never slept quietly till here. Now sleeps like a youth. Food is comfortable. Daily increase of flexibility in side and limbs. Breathing good. Walks easily. Appetite good. Has now the appearance of ordinary health. Leaves with a large supply of Congress water and pills.

[To be continued.]

## REMARKABLE FRACTURE OF THE OS FRONTIS.

By Wm. Edward Coale, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

I FIND in my note-book the record of this case, which, though of scarce any practical importance, is so remarkable as to deserve preservation.

The patient was in the Baltimore Almshouse when I saw him, six years ago, at which time the record was made. He had been a seaman, and, according to his own relation, about three years before I saw him,



while aloft, the bight of a falling rope struck him just on the eyebrows, knocking him senseless into the top. Both eyes were at once protruded upon the cheek. Nothing had been done for the injury either at the time it was received or subsequently. When I saw him the first thing evident was exophthalmia of both eyes, with very great thickening of the eyelids. The cornea of the right eye was not only perfectly opaque, but scarce distinguishable from the sclerotic, so greatly was the conjunctiva thickened. With the left eye the alteration was not so great, and he thought he could still discern a little glimmering of light. The decay of sight he said had been very gradual, and had doubtless been the effect of after inflammation from exposure, and not of tension of the nerve. Upon passing the finger down the forehead no superciliary ridge was felt, though this deficiency was not so obvious to the eye, looking at the face in profile, as there was much tumefaction about the eyelids, partially furnishing a soft covering for the eyeballs, apparently to compensate for their exposure. The fingers could, without any pain to the individual, be passed directly down until they came to the lower edge of the orbit, but as to the orbits themselves there were none. Each seemed to be closed by a smooth and regular plate of bone, so that the upper edge could not be defined, though the lower could, as at this part the plate receded from the margin of the socket about 3-16 of an inch. Passing the finger horizontally across, the bridge of the nose could be felt apparently unaffected, and externally it slid off to temporal fossa without meeting with anything peculiar—the sockets, as I have just said, being apparently completely closed up by a smooth plate of bone. The general health of the individual was good.

As to the precise nature of the injury, I had no clear conception at the time of examining the case as to what it might have been, and I do not know that I have now any more light upon it. My conjectures were that the frontal sinuses might have been large, the superciliary ridges prominent, and the rope striking downwards just across the eyebrows might have chipped off the anterior walls of the sinuses, leaving the posterior and the brain behind them perfectly intact. Absorption might subsequently have smoothed and rounded off these misplaced fragments, accommodated them to their new situation, and there united them firmly. I have stated the case, however, with sufficient detail to entitle any reader as much as myself to make speculation upon it.

*Boston, April 26, 1843.*

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#### MEDICAL PRACTICE IN THE SOUTH WEST.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some months since being accidentally wounded by a rifle-ball in my thigh, I was confined in-doors for several weeks, during which time my attention was directed to the subject of medical practice in the South West; that is, its state and standing, its members and their mode of practice, charges, facilities of gaining or getting into business, statutory laws regulating the practice of medicine, and such other information as might

be thought of interest to the younger members of the healing art, who may yet have to carve out for themselves a professional name, and may perhaps find a field of labor in some part of this great western valley. You will recollect that all our physicians are from the northern and eastern schools—that five or six large States are without a medical school of any repute or standing. The New Orleans School of Medicine has as yet done but little, and still promises the like results. It was hoped that it would send forth its scores annually of well-educated, liberal and active physicians to bless the country; and not this country alone, but the young and rising republic of Texas was included in the view, as she was expected to draw her professional men from this quarter. Then it may be presumed that to all members of the profession wishing to change their field of labor, or those who are not yet settled in business, information on the above subject would not be entirely uninteresting. It is my purpose to be brief and rather desultory in my remarks. My observation has extended over but a small geographical space of country, the south-western part of the State of Mississippi; yet this may be taken as a fair view of the subject generally in this part of the country and west of the great father of waters.

In this letter we will take a glance at the character and standing of the medical profession; and I may safely say that it does not take that exalted stand or hold on the public mind, as in the Atlantic or older States. Its members are less respected, have less weight of character and less influence in the community. Various causes combine in producing this state of things. The members of the profession, as a whole, are not so well read and qualified, and this is owing to the limited means accessible to them, the too often neglect of books while engaged in practice, and ceasing to be students the moment they receive their diplomas. I am glad to say there are some honorable exceptions to the above remark, some who read, think and study daily, and keep pace with the improvements made in the profession. A large majority of practitioners here are comparatively young men. The constant and sudden changes made by removals and withdrawing from the ranks of active life, the changing character of the population, all serve to lessen the influence of the profession. But few remain practitioners after they have passed the meridian of life; just as soon as pecuniary and other circumstances will permit, they withdraw and give place to others. In this manner much talent, influence and professional skill and experience are lost to the profession and community, that should be exerted in ameliorating the physical sufferings of frail mortality, and sustaining the character and interests of the profession.

Another fruitful source of mischief to the profession is the entire want of legal regulation. No kind of qualifications are laid down as necessary, no fixed or uniform charges. Quacks of all and every description may impose upon the community with perfect freedom, and consequently there is no security, oftentimes, that the individual who sets himself up as *doctor* is anything more than a mere quack, an ignorant pretender in the science of medicine. How then can our profession gain influence, standing and character? We cannot look for it until great and essential



changes are effected in the community and in the profession ; not until a wide-spread reformation takes place in the habits, character and acquirements of its members ; not until those who commence the study and practice will hold out and pursue the course commenced until the close of life.

C. S. MAGOUN.

Woodville, Miss., April 8th, 1842.

(To be continued.)

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MAY 3, 1842.

*Addison Co., Vt., Medical Society.*—Once or twice, in times past, reference has been made to the spirited exertions of this association, which far surpasses, we believe, in energetic action, any other medico-literary enterprise in Vermont. A constitution was adopted a short time since, and officers chosen for the year. Dr. J. A. Allen, of Middlebury, is President, and Dr. D. C. Goodale, of Addison, Secretary. The fee-table, adopted by the members, is one of considerable interest to the profession of that State, since it is probable that gentlemen in other counties may be influenced by it in constructing a tariff of charges. Uniformity of prices, so far as practicable, in any section of country, is exceedingly desirable—especially in medical practice. The following is the list of charges :—

For every visit of a physician, distance less than one half mile, 50 cts. ; over one half mile and under two miles \$1 ; over two and under four miles, \$1 50 : over four and under six, \$2 50 ; over six and under eight, \$3,00 ; over eight and under ten, \$5,00. An addition of one dollar to the above prices for counsel. For accouchment, \$5,00 ; venesection, 25 cts. ; extracting teeth, each, 25 cts. ; advice and medicine at the office, 50 cts. In night calls the two first fees on the catalogue shall be doubled, and on the remainder an addition of fifty per cent. In surgery the charges shall be valued *according to distances* as above, and the fees as follows—For reducing dislocated humerus, \$2,00 ; do. do. femur, \$5,00. All others discretionary. For reducing fracture of femur, \$5,00 ; do. do. of leg, \$3,00 ; do. do. of arm, and fore-arm, \$2,00 ; do. compound fractures, \$5,00. For amputation of the lower limbs, \$20,00 ; do. superior limbs, \$15,00. Operation for trephining, \$15,00 ; for hernia, \$20,00 ; for tracheotomy, \$10 ; for strabismus, \$10,00 ; for cataract, \$20,00 ; rhinoplastic, \$25,00. Entropium and ectropium, \$10,00 ; harelip, \$10,00 ; paracentesis abdominalis, \$5,00 ; do. thoracis, \$10,00 ; opening abscess—difficult situations, \$2,00 ; inserting setons, \$1,00.

*Pereira's Elements of Materia Medica.*—In our former observations on this admirable re-production of an English work, we may perhaps have done Messrs. Lea and Blanchard an unintentional injury by advancing the idea that the work had been condensed. By a careful revision it is satis-

factorily ascertained that we were mistaken on that point, and that the whole of the English edition is contained in the American. The compactness of the two volumes, *a priori*, led us to suppose that, being smaller than the foreign copies, the matter must have been considerably diminished. In this first impression we were strengthened by a bookseller of Boston, who was consulted upon the subject, and who now cheerfully acknowledges that the size, rather than any thing else, influenced him in supposing, at first sight, that it had undergone some alteration of the kind alluded to in the notice. Lastly, the omission of a few unimportant wood engravings seemed like a confirmation that the text had been pruned a little. However, these remarks have only afforded us a good opportunity of again urging upon the profession the importance of possessing this exceedingly valuable production—fitted precisely to the wants of the American practitioner, by the industry, tact and scientific accuracy of Dr. Carson, of Philadelphia.

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*New York Hospital.*—Another of those wonderfully complete annual reports of the hospital and Bloomingdale Asylum, for 1842, is before the public. In the hospital, in 1842, were one thousand nine hundred and thirty-six inmates—which, with those already under treatment, Dec. 31, 1841, makes a grand total of 2116 persons who received the benefits of the institution in 1842. Income in that time, \$33,552 86. Outgo, \$34,747 72. Excess of expenditures over receipts, \$1,194 86. In the Lunatic Asylum, there were remaining, Dec. 31, 110 patients. The income last year was \$39,393 17. Outgo, \$41,176 80—being \$17,83 63 more than there was money to pay. Doubtless the directors intend to meet this deficit by appealing to the well known liberality of the New York public. Dr. William Wilson is the resident physician, whose report will hereafter receive further attention.

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*Progress of Medical Science.*—At the twelfth meeting of the British Association for the Advancement of Science, papers were communicated on the following subjects. On the construction and application of instruments used in auscultation, by Prof. Williams. On the influence of the coronary circulation on the heart's action, by J. E. Erichsen. On some of the peculiarities of circulation of blood in the liver, by A. Shaw. On the therapeutic application of air-tight fabrics, by Prof. Williams. On the relation of the season of birth, to the mortality of children under two years of age, and on the probable duration of life as it is affected by the month of birth solely, and by the months of birth and death conjointly, by Mr. Catlon. On a general law of vital periodicity, by Dr. Laycock. On the uses of the muscular fibres of the bronchial tubes, by Dr. James Carson, Jr. On a case of asphyxia, which occurred in the operation for clearing the wreck of the Royal George, by Dr. Richardson.

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*Homœopathia and Allopathia.*—The following piece of intelligence has been going the rounds for some time. It would be extremely gratifying to ascertain directly from Dr. Humphreys, if the statement is true. Should this note happen to fall under his eye, he would confer a favor by furnishing the facts from the prison records. "These two systems of medicine—



Homœopathia against the old practice, have been tested in the Auburn prison, and according to E. Humphreys, late physician to the prison, the former has taken the palm. Under the homœopathic treatment for seven months, not a single death occurred, and the amount expended for medicine was \$71.62. Under the allopathic, or present treatment for four months, seven persons died, and \$283.52 were expended for medicine."

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*Travelling Editorials.*—We mentioned, a few weeks since, that Dr. Drake, of the Louisville Medical School, and one of the Editors of the Western Medical Journal, had started on an extensive tour through the western country for scientific observation and research. From the last No. of the Journal we copy the following notes from his pen, forwarded from New Orleans under date of March 10.

"*Winter and Spring Visits of Invalids to New Orleans.*—It is difficult to understand why physicians will advise their patients with pulmonary disease to come into Louisiana in the winter and early spring. Nothing in general could be more exceptionable. It is nearly a month since we entered the limits of this State, during which there have, it is true, been a few fair days, but with one exception they were too cold for the valetudinary. The dampness of the atmosphere, through the months of February and March, is so great as to render it injurious to all who labor under pulmonary disease, and the exposures on a winter voyage are such as no invalid ought to suffer. They who seek a milder climate should do so in November, and continue in it till after the vernal equinox.

"*Winter Temperature of the Mississippi.*—The surface temperature of the Mississippi, from the mouth of the Ohio to the Balize, we found to be, during February, from 34 to 44 deg. of Fah. Difference of latitude about 8 deg.—general course of the river south. Thus a degree of latitude raises the heat of the river a degree and a quarter. But the effect is not wholly ascribable to change of climate, but likewise to change of altitude; though the influence of the latter must be less than that of the former, as it does not, probably, exceed 250 feet; or about 30 feet to the degree of latitude. The discharge, for three months, of so great a volume of cold water into the Gulf, must exert an influence on its temperature, which might be ascertained by a sufficient number of observations. We have as yet had opportunity to make a few only. In the 'S. W. Pass,' beyond the bar, and within the geographical limits of the Gulf, we found the turbid and saltless river water to be 44 deg., while at the depth of between 50 and 60 feet, where the water was nearly transparent, and decidedly salt, the heat was 51 deg. On one side of the fresh water, where the appearance was somewhat turbid and the taste brackish, the heat was 53 deg., and a little beyond, in the green and salt water, it was 56 and 57 deg.

"*Medical College of Louisiana.*—We have made one visit to this institution. Beginning its session later in autumn than the other schools of the Union, on account of the occasional prevalence of yellow fever in November, the lectures continue through the month of March. We regret to say, however, that many of the pupils start home at the end of February. The number of the present session is, we understand, about 35, which is an advance upon preceding years. They are principally from this State, Alabama and Mississippi. The lectures are delivered in a

rented house, but the Professors have begun the creation of a fund for the erection of an appropriate edifice. Neither the State nor the city has done anything for the institution. Its Professors are seven in number, who deliver from four to five lectures daily. The opportunities for practical anatomy are ample. The tickets of the Professors are twenty dollars each. It must be admitted that this school, in the number of its pupils, has fallen short of the expectations under which it was established; but we have not had an opportunity of investigating the causes which have retarded its growth, and which, it is to be hoped, may ere long be removed.

*Death of Tiger-Tail.*—In two visits to the New Orleans Barracks, the head quarters of Brig. Gen. Arbuckle, we saw the Seminole Chief Tiger-Tail, on a sick-bed. We were surprised to find him capable of conversing with us, but were told that before the war commenced, he had spent a year in the family of Gov. Duval, of Florida. At the times of our visits the captive warrior labored under a fever, with cough, and a leg more or less swollen and inflamed from accidental injury. By auscultating his naked and weather-beaten chest we heard, what few perhaps had ever heard, the palpitations of his savage but patriotic heart. Gen. Arbuckle, and the skilful surgeon of the post, Dr. Randall, were anxious that he should receive the treatment which his case required; but he preferred his own physician, under whose incantations he expired a few days since. Since that time his surrendered countrymen have been sent on to Fort Gibson."

*Wilson on Diseases of the Skin.*—A treatise on the diagnosis, pathology and treatment of the skin, arranged according to a natural system of classification, and an outline of the anatomy and physiology of the skin, by Erasmus Wilson, of London, has recently been re-published in Philadelphia, by Lea & Blanchard, and will be further noticed hereafter.

*President of the College of Physicians and Surgeons, New York.*—An error, which we copied from a New York paper, was made last week in the name of the gentleman who was recently elected President of the College, in place of Dr. Smith who resigned. It should have been Dr. A. H. Stevens instead of Dr. Manly.

TO CORRESPONDENTS.—The length of some of the articles in this day's Journal has prevented the insertion of several communications, already acknowledged.

MARRIED,—In Boston, Dr. Edgar Hunt to Miss Helen Gove.—In Charlestown, Dr. Benjamin Seabury to Mrs. Mary Aborn.

DIED,—At Saugus, Mass., Dr. Abijah Cheever, 84—a surgeon of the revolutionary army.—At Vicksburg, Miss., Dr. James R. Putnam, formerly of Newburyport, Mass.

Number of deaths in Boston, for the week ending April 29, 35.—Males, 19; Females, 10. Stillborn, 2.

Of consumption, 12—scarlet fever, 2—quinsy, 1—fits, 2—old age, 2—peritonitis, 2—hooping cough, 1—brain fever, 1—dropsy, 3—marasmus, 1—infantile, 3—teething, 1—croup, 1—debility, 1—lung fever, 1—tumor, 1.

Under 5 years, 12—between 5 and 20 years, 4—between 20 and 60 years, 15—over 60 years, 4.



*Improved Treatment of Hydrocele.*—It need scarcely be called to mind that in the operation for hydrocele, after the serum has been discharged through the canula of the trocar, it is usual to inject an irritating fluid in order to induce an adhesive inflammation in the parietes of the tunica vaginalis. The inflammation somewhat subsides after about the fifth day; but a month commonly elapses before the whole quantity of the injected fluid is absorbed and a cure effected. On this somewhat tedious course of practice M. Lisfranc has made the following improvement:—On the sixth day, after the use of a vinous injection, he makes a second puncture, for the purpose of emptying the tunica vaginalis of all the accumulated liquid, thus sparing nature the task of its absorption; and by these means he alleges that a cure can be completed in less than half the time occupied by the usual method.—*Bulletin de Thérapeutique.*

*White Swellings.*—M. Malgaigne, in a short memoir lately published at Paris on the treatment of white swellings, announces them to be a species of subacute inflammation, seldom or never amounting to suppuration; and he recommends for cure a complete and absolute state of rest for the limb, to be effected by means of bandages and inclined planes, so contrived as by slow degrees to restore it to its natural position, but wholly unaccompanied by either topical or internal medicines, which he looks upon as interfering with the course of nature.—*Journ. de Chirurgie.*

*Leucorrhæal Metastasis.*—Dr. Ottani, of Ravenna, in a paper comprised in one of the Italian medical journals, cites the following case of metastasis of a leucorrhæal flux from the vagina to the umbilical region. A married lady, aged thirty, and the mother of one child, being affected with leucorrhæa, was prescribed the internal use of sulphate of iron, with calomel and hemlock, as an alterative, with injections, per vaginam, of a solution of sulphate of zinc; and by these means the discharge was soon stopped. But some time afterwards the patient experienced a general sensation of restlessness and discomfort, as well as mental depression and melancholy, and shortly after these indications she was seized in the night with acute pain in the hypogastric region, accompanied by nausea and retching; pulse small, wiry, and only occasionally perceptible; eyes surrounded with a livid circle; tongue dry, and sunk in the mouth; thirst intense; skin somewhat cold, and forehead covered with cold glutinous perspiration; and furious delirium. Notwithstanding the acuteness of the abdominal pains, no meteorism was present. The chief remedial agents employed at the time were castor oil and emollient fomentations; but in spite of these the malady continued unabated, and in the morning a dirty yellow matter, similar to the leucorrhæal fluid, began to flow pretty copiously from a considerable number of points immediately around the navel; and this metastatic discharge continued for upwards of a month, at the close of which the patient recovered, simultaneously with the re-establishment of the flux in its original seat.—*Lon. Lancet.*

Just published, in London, the first Number of the British Quarterly Journal of Dental Surgery. Edited by James Robinson, Esq. Containing a Review of Dental Surgery; Necessity of a Society of Surgeon-Dentists; Report to the Académie des Sciences on a Memoir by Mr. Nasmyth, &c.

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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MORBUS COXARIUS, OR HIP DISEASE.

*Extract from a Surgical Lecture given by Professor A. Trowbridge at the Willoughby University of Lake Erie, 1843.*

[Communicated for the Boston Medical and Surgical Journal.]

FROM the severity and destructive effects of this disease, the attention of surgeons has been called for a great length of time to its description, and to a variety of modes for its treatment.

This, like many other diseases of a local origin, has different stages, characterized by different symptoms, which are interesting to the practitioner, and must be carefully studied and considered. Many cases have passed under my observation and treatment; and for a number of years, I treated them in the ordinary mode recommended by writers, by depletion, &c., diminished inflammation and irritation, prevented exercising or moving the limb or joint, used general bleeding, cupping, leeching and counter-irritation over the parts affected. After the subsidence of inflammation, I used irritating liniments, blisters, setons, issues, moxa and other varieties of the actual cautery. This course, persevered in, with Physick's additional remedies, "producing copious evacuations from the bowels by the use of calomel purges, or the pulvis-purgans, in sufficient doses to procure several evacuations daily," and confinement in a horizontal posture for six or twelve months, would be successful with many patients, so that the use of the limb would be partially or entirely restored.

In making my prognosis, I was formerly governed by the opinions of others who had written on the subject, viz., that favorable results might follow, if the patient was of a good constitution, and the case properly treated in its early or forming stages, so as to prevent suppuration; but if this occurred, it would be difficult to restore the use of the limb, or even to save the patient from falling a victim to its ravages. When abscesses formed, or the limb was elongated, or shortened by distortion, the strength of the patient was supported by nourishing diet or tonics.

As surgeons of high reputation recommended but little interference in the process which nature was carrying out at this stage, or after suppuration had taken place, I, like them, stood a spectator to this process of destruction to the hip-joint. If the patient did not sink after years of suffering, an anchylozed state of the joint followed; and, to favor this result,



the limb was placed and secured in season, to favor a position in which it would be of the most service to the patient in walking, &c. As all agreed that total rest of the limb and joint was important, different methods of confinement were adopted, in the form of splints and bandages. But few of these were of much service. Mr. Scott's mode of using emplasters and bandages, by enveloping the hip-joint in several layers of thick plaster, and then securing the whole with a calico bandage, answered a good purpose. Velpeau's starch and bandage, by enveloping the whole limb in a bandage, including the whole hip-joint, and this thickly covered with starch, so that when dry it would be firm and hard, and the limb secured midway between extension and flexion, and held so till this process took place, answered a good purpose.

In some cases I used Hagarden's apparatus, modified by Gibson. This answered two purposes—1st, to prevent the motion of the diseased parts; and 2d, to keep up permanent extension until ankylosis took place, which might in some measure preserve the natural position and length of the limb. Physick used hollow splints, applied so as to support all the parts. Of the benefits resulting from their use, I cannot speak, as I never used them.

If the case was connected with scrofula, the various remedies used for this affection were resorted to, and iodine in its several forms. Lugoll's solution I considered the best internally, and the ointment of ioduretted iodide of potassium, with opii, externally.

Thus I have given you a short history of the methods of treating this formidable disease, as recommended by authors, and for some years followed by myself; and in making these comments on the subject, you will perceive that I am but little more than a compiler—and in prescribing, I was but a retailer of what had before been done.

I will proceed to make a few remarks, and describe some of the prominent symptoms of this affection, as noticed in your text books. It attacks both sexes, at all ages, and in all conditions. The disease is regarded by some as purely scrofulous, and treated in all its stages with this supposition or belief. Yet we have full demonstration to the contrary, as cases occur as frequently among the higher classes, who are well fed, clothed, and with whom other favorable arrangements for the preservation of health are fully carried out, as among the poor who are subjects for scrofula, and have a predisposed state of the system to disease. In the great number of cases which I have seen and treated, I am satisfied that nearly all originated like affections in other joints of the body—from accidents, as *blows, falls, sprains, &c.*

Your knowledge of anatomy teaches you that the joints are made up of several tissues, bones, cartilages, ligaments, synovial membranes and synovial glands. All these are distinct formations, and have distinct functions to perform, and are subject to distinct disease or primary affections, and all are enclosed in one common capsule. The hip-joint is peculiarly formed for motion and strength. The cotoloid cavity of the os innominata and the large round head of the os femoris are the two portions of bone which make the joint; and these are everywhere covered

with cartilage except at the shallow fossa, at the bottom of the cavity, in which is placed the inter-articular ligament. These ligaments unite and strengthen the articulation, accompanied by a synovial membrane, which is important in supplying the synovial fluid. The cotoloid ligament is formed like a ring and placed in a circular form on the outer surface of the cavity, and serves to increase the depth of cavity. It is attached to the bony edge of the cavity by a thick base and thin apex, which is turned a little inwards. It is covered on its outer surface with the capsular ligament, and internally by the synovial membrane. This capsular ligament is the firmest and strongest found covering any of the joints of the body. It rises from the circumference of the cotoloid cavity and outer surface of that ligament, and is inserted into the prominent line, which extends from one trochanter to the other, and includes both the head and neck of the femoris. It is thickened and strengthened on the anterior portion of the neck of the femur by a band of ligamentous fibres from the *psoas iliacus internus*, and *cruris* muscles; posteriorly, by the *gemini* and *pyriformis*, and *obturator internus*; internally, by the *pictineus* and *obturator externus*; and superiorly, by the *gluteus minimus*. The dense inter-articular ligament, called *ligamentum teres*, which is made up of fibres, arises from the depression of the head of the femur, and is inserted into the lower edge of the cotoloid ligament, where it passes over the notch in the acetabulum. In this passage from its origin, it is ingrooved in a membranous covering at the bottom of the cavity. The synovial membrane is extensive in this joint; it is peculiarly arranged. It invests the contiguous surface of all the parts which make up the interior of this joint. It lines the whole cotoloid cavity, and the internal surface of the capsular ligament, and is reflected upon the head and neck of the femoris and invests the inner articular ligament with a funnel-like process. This membrane is extensively vascular. It receives blood by numerous branches from the obturator artery.

The hip-articulation, thus made up, being a ball and socket joint, is capable of flexion and extension, adduction and circumduction, and rotation inwards and outwards.

This joint, so formed, and so liable to injuries from concussion and lesion, being situated so as to support a great portion of the weight of the body, and to perform a great many of its motions, from recent demonstrations is shown to be the seat of disease which may commence and be confined to one of the tissues composing the joint, or it may affect other structures and finally involve all the constituent parts of the joint. Simple inflammation may exist in the synovial membrane from concussion, and is indicated by pain on moving the limb, or when kept still. The symptoms are of an insidious character. The patient may be disposed to walk about, but is prevented from bearing his whole weight on his limbs and is seen to move with some limping. The joint will be stiff on rising from his bed in the morning, and he moves better after exercising. The pain is like rheumatism. The knee and ankle may be painful; there is tenderness if pressure is made on the inguinal region, or behind the trochanters. Every motion which brings the bones, forming



the joint, in contact, gives pain. If inflammation on this part remains long, or becomes excessive, and is unchecked, the glands of the groin become enlarged and painful. These are the usual symptoms of inflammation of the synovial membrane, as described by writers, and noticed by practitioners. It may be doubted whether pain in the knee or ankle joints can take place, until other tissues besides the synovial membrane are inflamed or diseased.

Inflammation cannot be long continued on the synovial membrane of any joint, without materially deranging its function; and if excessive, or long continued, a deposition of matter and morbid results follow. In simple derangements in the actions of the secreting and absorbing vessels, there is distension and pain, and in the knee-joint often hydrops articuli follows; but in the hip-joint, if not remedied, other tissues will soon be involved in morbid actions, and ulceration takes place at the point first inflamed. Ulceration of the cartilages, or caries of the bones, follows, and when this chronic process commences on either of the tissues, we have the additional and conclusive symptoms of hip-disease, viz., pain is aggravated by motion, and there is alteration in the length of the limb. If the patient walks, he has a straddling gait, and his knees are separated further than natural. The nates on the affected side are flattened and loose. The whole system is affected; the patient is pale and emaciated, and declines to exercise or move. Appetite is impaired, and is attended with irritative fever, with occasional chills and sweating, which indicate the commencement of the suppurative stage. There may be some swelling or enlargement of the joint, or not; generally increased tenderness from pressing on the parts; feeble, quick pulse, with a coated tongue, leave no doubt of the commencement of suppuration. The previous symptoms are all aggravated and increased at this period. All this may take place without the appearance of a tumor, or any external evidence of a deposition of matter. After further weeks of languishing, there may be discovered a tumor on the anterior part of the thigh, near the vastus externus muscle, sometimes below Poupert's ligament, or at the ischiatic notch, or even in the middle of the thigh, or near the anus; and after a few weeks or months the matter may make its way through at some of these points, and hectic fever, night sweats and diarrhoea commence, and the patient languish yet for months to come, with but little grounds for hope, or encouragement from his surgeon or physician. The danger varies with the age and constitution of the patient. Adults seldom recover. Impeded functions of the joint, or ankylosis, follow, with various distortions.

There are different opinions among writers, as to the primary seat of this disease. Mr. Brodie supposes that the disease commences in the bones, in one variety, and this is confined to scrofulous subjects; a caries exists before there is much external appearance or symptoms of the disease. All this may be true, and does sometimes happen. This affection might take place in the hip-joint from the same exciting cause that induced it to appear on any other part of the body. There may be constitutional indisposition, such as syphilis, scrofula, scurvy or deficiency of

nutrition, and a blow or sprain produce caries of the bones. This may be superficial or deep seated; it may be primarily so, and all the other tissues become diseased secondarily. But cases of morbus coxarius are generally brought on by inflammation of the membranes and ligaments; and ulceration of the cartilages, and caries of the bones, with other morbid results, are secondary affairs. Ulceration may take place in the cartilages, and the head of the femur be diminished by absorption, and the acetabulum be made deeper and broader. An abscess of course forms, and matter is confined under the fascia lata, or other tissues, by which its approach to the surface, or any of the points before mentioned, is retarded. But, sooner or later, it makes its way through the membranes and capsules of the joint, and passes to the nates, or cavity of the pelvis. These parts are then rendered morbid by distension, and other effects of the matter. They become altered in structure and functions, and are blended together, with outlets in the form of sinuses passing in different directions, and the whole articulation is blended into one morbid mass, attended with pain in the pelvis, groin, and lower portion of the limb, with œdematous enlargement of the foot and leg, with fever, remitting in type, gradual emaciation and loss of strength, and finally death from exhaustion.

This is a short but true history of the progress and termination of this disease, as detailed by writers, and ascertained by my own observation. And it is no more nor less than what takes place in other joints of the body, from injuries, &c. And on examination after death, we find the joint, like the hip, with all its tissues, more or less disorganized and destroyed.

With the history of this destructive disease before us, we might indeed suppose that the practitioner would be satisfied of the perilous condition of his patient at the very commencement of the disease, while far removed from the fatal combination of morbid results. But there are some diseases of this joint, as well as others, which resemble this so nearly in their symptoms, as to leave great uncertainty in their diagnosis, if they alone were to be relied upon.

In proof of this, I would mention many cases which have come under my own observation, which were called inflammatory, as chronic rheumatism, and were treated as such with highly stimulating applications, externally and internally, for months, and which terminated fatally; when the joint was under the disease described during the whole time. And even in some cases, the low inflammatory complications that accompanied the close of the disease were so latent, as to escape the knowledge of the surgeon, until dissection revealed their existence.

I have mentioned the usual modes of treatment during the first stages of this disease; and this is undoubtedly the best that can be given. The object should be, to lessen inflammation; but when the second stage commences, the joint becomes tender and sometimes enlarges, and the patient inclines to keep the limb in one position, inclining it upwards to the pelvis, with aggravation of all the symptoms, as increase of pain, loss of strength, and irritative fever, startings and catchings during sleep, shortening of the limb, or elongation from spasmodic action of the muscles,



symptoms of the formation of matter ; or when the presence of matter is detected, by the operation for demonstration ; or even where it is strongly suspected, my mode of treatment is to make an opening, on the supposition that the disease is aggravated by the retention of matter distending the parts, and inducing disease in the surrounding parts.

I have found this mode of practice important ; for in consequence of deposition of morbid matter, and, *as the ancients supposed it to be as acrid and as destructive as the oil of vitriol would be if applied to the parts*, from its accumulation in a cavity which cannot be dilated in proportion to the increase of the purulent secretion, or not confined by a limited cyst, the original affection will be much aggravated, and disease thus induced, as above suggested, in the neighboring parts.

Experience has confirmed the propriety of this practice, and with me it has opened a cheering prospect to my patients, who otherwise might be doomed to pass months and years in extreme suffering, and finally death ensue. On the discharge of matter the painful feelings immediately subside. If the opening is seasonably made, there is a recovery of the use of the limb ; but if at a later period, after the joint is much affected by absorption and destruction of ligaments and cartilages, a cure by anchylosis will generally follow ; or, if there is a dislocation or displacement of the head of the femur, the disease abates and a new joint forms, and the limb becomes useful. As pain, in periostosis, arises from the tension of the membrane, and is relieved by dividing the parts to the bone, so in the hip disease, the unyielding nature of the tissues demands a similar treatment for relief ; and when a free opening is made there is a subsidence of inflammation extending on to the fascia of the muscles, and spasmodic and contractile action is stopped. Thus the morbid action of the surrounding parts is checked, and they are enabled to secrete and deposit healthy granulations, and assist to restore the ulcerated parts ; and it prevents the absorption of the bone by the pressure of extraneous fluid, and the train of chronic results and affections of all the apparatus of the joint is prevented.

Mr. Symes, a late writer, in speaking of this disease, says—" When it goes on to suppuration, in adults, the case may be considered nearly hopeless, as caries then generally ensues, and being seated in parts where *openings cannot be made*, inevitably proves fatal sooner or later." Mr. Brodie asserts that he never knew an instance of an adult's recovering after an abscess had formed. Dr. Physick says he never succeeded, after suppuration, in restoring the limb. And this has been the language generally of eminent practitioners.

In every stage of this disease, where fluctuation is perceptible, or where the symptoms indicate that suppuration has commenced, whether fluctuation is perceptible or not, I make early and deep incisions into the parts, so that free exit is allowed for the matter. The patient is generally immediately relieved, and the extent and severity of the local disease arrested. It is unsafe to wait till the matter insinuates itself from the point of its first confinement, or for its spontaneous evacuation, which makes a lengthy and tedious process ; and, as gentlemen have well observed, generally

before it is accomplished, the cartilages are affected, the ligaments so softened and morbid that they give way at different points, and the accumulated matter escapes into the surrounding parts.

An opening can be made into the hip-joint with as much expedition and safety as any other joint of the body. My mode has been to make an incision through the integuments, over and in the direction of the lower edge of the gluteus and the upper edge of the periformis muscles, with a scalpel; then push a double-edged scalpel directly to the upper portion of the neck of the femur. This opening can be extended, if necessary, to meet the object for which it was made.

Inflammation of the synovial membrane may terminate in suppuration, and matter may remain some time without having induced ulceration in either the soft or hard parts, or textures of the joint. At this stage, and in this condition, with the joint full of pus, and without ulceration of other parts or external appearances of this deposit, an opening gives immediate relief. To be fully satisfied of the deposition of matter, I sometimes, as before remarked, make the operation of demonstration. This is done by passing a needle, used for acupuncture, through to the cavity of the joint or neck of the femur. If the cavity is enlarged by distension from matter, or other fluids, the outer extremity of the needle may be varied from a perpendicular direction, and the distance will be in proportion to the depth or size of the cavity which has received the point of the needle. I sometimes push a spear-pointed lancet through to the bone, in the same direction, and inclose this opening with a large cupping glass. If there is matter, or coagulable lymph, it will make its appearance in the glass, and entire relief may be given in this way. I have treated many cases in this manner with success. And it has been my uniform mode, for twenty-five years past, in all cases where I was satisfied that the suppurative stage had commenced.

Incisions, punctures, and contusions of joints, made when in their healthy state, are often followed with serious consequences; so much so, that this circumstance is cited as a sufficient reason, by some surgeons, to deter them from opening joints, whatever their condition may be from disease. But when in a diseased state, this consequence does not so often follow. In all cases of hydrops articuli, if relief is not given after the usual remedies are used, I puncture and evacuate the fluid, and then the roller and stimulating applications will cure. I frequently remove foreign bodies formed in the knee-joint, by first pressing them to the outer edge of the patella and over the outer condyle of the femur, and then making an incision directly upon them through all the tissues, remove them and close the incision with adhesive plasters, compress and roller wet with water, and keep the patient still upon a bed ten days. Out of twenty cases thus treated, not one failed of a perfect cure, and none suffered from the effects of excessive inflammation.

I could give you several interesting cases of morbus coxarius, with the particulars of their treatment; but it would be but little more than a repetition of the symptoms, progress and treatment, which I have quoted from writers and described from my own observations.



## DR. NORTH'S RETROSPECT OF MEDICAL PRACTICE AT SARATOGA.

(Continued from page 261.)

CASE VIII. *Scrofula. Ulceration and Contraction of Throat. Neuralgia of Spine. General Anæmia.*—September 28, 1841. Mrs. H. W. G., from western New York. Age, say 37. Skin and mucous membranes very exsanguinous. Has lived in Illinois. For years has had scrofulous lumps which suppurated on side of neck. Two years since, had an erosive affection of the throat. A long and tedious ulceration resulted in permanent contraction of the velum and fauces. Swallows with great difficulty. Has had one child. Stillborn. Great difficulty in the process. Catamenia now without much fault. Had pain for five years in the spine *inter scapulas*. The pain now confined to one cervical vertebra and severe. This pain and the sufferings resulting from her contracted throat, her most urgent difficulties. Severe indigestion and costiveness. Pulse 108 and soft. As there are abundant manifestations of feeble vitality in various tissues and organs, the course is to be decidedly tonic and stimulant, as follows. A free use of the New Congress or Putnam's Spring throughout the day, gently warmed previously to drinking to the largest amount she can bear *without catharsis*. A bath of the same water every second day, for ten minutes only, as hot as she can possibly bear it, if not above 110 deg. Cubebs chewed frequently through the day. Cayenne pepper infusion freely at bedtime and before meals. Also combine with this last a dessert-spoonful of brandy before meals.

30.—Pain in the neck still very annoying. R. Aq. ammoniæ, ol. olivar., tinct. opii et ol. origani, aa ʒ ss. Misce. Ft. liniment. Apply this liniment thoroughly to the neck at night, covering it with flannel. Continue the rest.

October 6.—Is delighted with her baths. Although the weather is now very cold, after her bath, about 11 A. M., her sensibility to cold and inconvenience from it entirely disappear for the rest of the day. Takes six and seven tumblers of New Congress daily. Bowels slightly lax. Pepper tea grateful. More appetite. There is some little color creeping into the face, owing to the dilatation of the cutaneous capillaries by the hot baths and consequent influx of the red globules. *Directions.*—Continue all.

11.—Scarcely the least headache. Better every way. Pulse only 90 and more full. Soon after I left town for several weeks. In the meantime she went to a neighboring State to spend the winter in her father's family. But, so striking was her improvement and so much had her friends lost all hope of her continuing long in any other course, that they sent her directly back to Saratoga, where she spent most of the winter in taking the baths and waters.

On the 13th day of August, 1842, her father, Judge ———, called at my office for a prescription, who informed me that his daughter, with whom he had parted that day, "was well." Her face had assumed a

natural, healthy hue, her swallowing good, neuralgia gone and she comfortable. "We ascribe her life and health to the hot baths."

*Remarks.*—1st. The above case is one among many demonstrations which have occurred here, of the power of the hot baths in inviting the red globules into the muco-cutaneous tissue, the bloodless state of which causes the invalid to appear more like a wax statue than a living being, when arriving at the springs. This increase of color is a very common harbinger as well as index of returning tone and action to all the organs of a feeble and cachectic habit. 2d. The cold weather of December and January does not forbid a free use of hot baths. Mrs. G. had to ride sixty rods to her bath; yet her return was like a summer ride to her, and she had invariably no more trouble from the cold through that day. The popular notion of the necessity of close confinement after the hot bath, does not exist at the thermal springs in Europe; and it has been proved to be wholly erroneous and groundless here by scores of examples. 3d. There have been a respectable number of invalids here drinking the waters through the winter for years, and the results concur with the trial of Mrs. G. to prove that the efficacy of these waters is quite as favorable and uniform in winter as summer. To invalids who are quite at leisure during winter and inexcusably confined in the summer, this fact is one of importance; especially considering the absolute necessity that many cases should have a long course of medication and regimen to remove the deep-seated complaint. This fact should be known, too, to those invalids living near our rail roads, from east to west, whose lives are in imminent peril after the best adjusted course of remedies at home. Through much of the time, last winter, when the immense masses of snow did not prevent, invalids from Portland to Buffalo could come, if I am not much mistaken, all the way in cars as warm as a private parlor, to our own village. The same thing could be done, too, in coming from Washington and even from North Carolina, with the exception of an occasional steamboat ride with still less exposure to the cold.

*CASE IX. Dyspepsia. Neuralgic Heat of Stomach and Lungs.*—*July 20, 1842.* T. R., Vermont. Age, say 30. Is a mechanic. Always delicate. Done no business for two months. Was confined three weeks with sore throat and cold. Emetics and cathartics reduced his strength much. Is now taking compound blue pill. Tongue furred, unequally. Lips and mouth parched. Taste bad. No appetite. Has a natural desire for meat. Food produces great heat at stomach and lungs. Was never costive till this sickness. Dizzy. Pulse 72 and soft. *Directions.*—Take four to six tumblers of Congress water each morning early, and one from the Putnam spring before meals. Bath every second day ten minutes, at 104 deg.

29.—Appetite improved. Tongue badly coated. Bowels gently open. Has terrible heat in neck, breast and shoulders. Baths comfortable. Digestion of his meals very annoying from the great heat of stomach. Pulse 78 and soft. *Directions.*—R. Creosote, gr. xxiv.; gum acaciæ, pulv., gr. xxiv.; mucilage, q. s. Misce. Ft. pil. 12. Take one before each meal and bedtime. Continue other remedies.



August 2.—Leaves to-day. “The creosote pills stilled me down and allayed the heat. My nerves since then perfectly quiet and easy.” Feels almost well. Can go to work. Takes a recipe of the creosote pills.

CASE X. *Extreme Vertigo, with Neuralgic Heat of Stomach.* July 28, 1841. Capt. B. C., of Rhode Island. Age 34. Habit full. Thick, short neck. Extreme dizziness brought him here. Has done no business for six weeks. Has also burning of stomach and shoulder-blades. His eyes are very hot. Occasional pain of stomach. Tongue very foul. Appetite poor. Vomits occasionally. Pulse 72 and soft. *Directions.*—Bath every second forenoon for ten minutes, at 110 deg. Three half-pints of Congress water from the spring before each meal, and two at bed-time.

August 2.—Better in all-respects. Feels stronger after his baths. Continue all.

4.—Burning in stomach yet continues. Has not wholly intermitted in four weeks. Head all better. Tongue cleaner. Pulse 64 and soft. Bath leaves him quite red. *Directions.*—Continue baths and Congress water. Also—R. Creosote, gtt. xl.; pulv. gum arabic, grs. xl. M. Ft. pil. xx. Take one before each meal.

9.—Scarcely any burning in stomach. Has gained seven pounds of flesh in twelve days. Much stronger. Sweats freely an hour after the bath at 110 deg. No collapse in the bath. He left soon after.

On July 20, 1842, reported himself at my office to pay incense to Saratoga Fountains. He gained and retained twenty pounds of flesh, and very tolerable health. He is just now somewhat jaded with the excitement of the camp in suppressing Dorr's rebellion, at the head of his own company; and feels the need of the potations and ablutions of Saratoga.

CASE XI. *Temporary Indigestion, with Sthenic Diathesis. Injured by the tonic effects of the Waters.*—June 19, 1841. R. W. C. Esq., from Connecticut. Age, say 44. Habit full and healthy countenance. Never had a physician till three months since. Always well in all climates. Gradually lost his appetite. Torpid bowels. Great dullness of mind. Various medicines have produced no relief. Has been at the United States Hotel two weeks drinking the Pavilion water every morning as a cathartic without medical advice. Stomach stimulated to demand some food. Last night felt great pressure within. Took blue pills. Violent irritation within. Nausea. Vomiting. Some diarrhœa. Prostration. Stricture across forehead. Pulse 96 and hard. Tongue furred. *Directions.*—No food. One drachm antimonial wine at bed-time. Three tumblers of Iodine Spring in the morning, with 3j. crem. tart. in each and none else through the day. He begs to be excused from venesection.

21.—Pulse 86, still hard and full. *Directions.*—Increase the crem. tart. with the Iodine water in the morning. Also 3 iss. vin. ant. at night. Bath to-day 86 deg. twenty or thirty minutes. Very rigid diet.

22.—Bath at 86 deg. very grateful. Slept well. Pulse 76 and hard. Skin warm and moist. *Directions.*—Bath 86 to-day. 3 ij. ant. wine to-

night. Three tumblers of Iodine to-morrow morning, each containing 3 ij. crem. tart. in a state of effervescence. A large sinapism to abdomen to-night. Rigid diet.

23.—Pulse 78 and softer. No disturbance from the wine. Free and pleasant operation of the water. Mr. C. spent a few days more here, and left gradually recovering, and was soon after quite well.

*Remarks.*—The above is rather an obstinate case of the evils that often occur to patients who come here without medical advice or preparation, with full, strong pulse, and inflammatory tendencies. The symptoms are nausea, generally vomiting and diarrhœa, pulse quick, hard and bounding, and loss of strength. There is generally thirst. Patients are often frightened; and if they do not call some of our physicians, usually leave precipitately. But the cure is very simple. Rigid abstinence, saline cathartics, cool baths and a very sparing use of Iodine spring water and cream of tartar, will usually in twenty-four or forty-eight hours fully restore them and enable them to commence anew the regular and free use of the waters. Indeed, I have often thought that convalescence was more rapid after the occurrence and subsidence of this "Saratoga storm," as I sometimes playfully style it to the invalids. I have often wished that medical men who were sending their patients hither, and who very much wish to have them return to them satisfied with their advice, would recollect this fact about the *perturbing* effects of our waters, and direct them how to proceed should they be overtaken with something like cholera morbus.

CASE XII. *Black Jaundice. Melæna Cholæa.*—June 21, 1841. Rev. O. S., D.D., from Virginia. Age, say 44. Frame large. Integuments full. The skin of a waxy, bloated, œdematous aspect. Eyes yellow. In 1820, went to the South from New England for threatened phthisis. There had repeated attacks of fever with violent medication. Had fever and ague every summer till four years since. Confined the next winter with congestion of the brain for six weeks. Loss of power and numbness of the left arm and leg. The numbness has disappeared. But the congestion of the brain has suddenly recurred and with violence several times since. During the last attack entire alienation of mind. Has always, during the congestion, great pressure, pain and fulness of the brain. Left the United States for Europe in May, 1837. Absent four years. In a year began to improve. A year ago last winter so much better that he could on foot climb high mountains, in Greece. But in going up the Danube in the summer of 1840, he was greatly exposed to the malaria, which he thinks quite as noxious as that of the Mississippi at its mouth. He became very bilious, and, in Vienna, had another violent seizure of congestion of the brain, and fever. The congestion was never so severe. The lancet, cups and leeches were all freely applied. At length he reached Paris. By the overpersuasion of friends he tried, faithfully, homœopathy under the administration of Hahnemann himself. The poisons, although in minute doses, proved injurious; and after five weeks' bombastic trifling with swallowing and snelling!! infinitesimal doses, he effected a retreat. Hemorrhoids, which were often accompanied



with copious hemorrhage and constantly painful, became much worse in Paris. After repeated and painful relapses he arrived in Boston. Was sick all the voyage. He reached New York, where he was very sick forty-five days. In Charleston he passed the winter without any severe relapse. Was very weak in body and mind. Never has walked half a mile since leaving Vienna. Mind so powerless cannot either read or write. His face is now bleached. Prolabia pale. Tongue furred. Appetite middling. Flatus in bowels. Costive. Lower part of abdomen excessively tender. Great pain and prostration after a stool, however procured. Piles always come down. They bleed frequently, sometimes half a pound. This relieves the soreness. The least excitement keeps him awake all night. Has been often bled. Also twice salivated. This rather favorable. Pulse 70 and soft.

*August 4.*—After taking Congress water daily to this time, and feeling discouraged, he is resolved to start to-morrow for the White Sulphur Springs in Virginia.

*August 17, 1842.* Dr. S. has called to-day, and informs me that on his journey to Virginia last summer, he was attacked with dysentery in New York, when he soon discovered bile in his evacuations, the first for years. This he attributed entirely to the waters of Saratoga; and his convalescence soon became so manifest and encouraging that he turned his course to Vermont, where he spent the winter so much amended that he could apply himself to hard study for five hours every day. In expectation of assuming a highly responsible post in one of our colleges, he has been here some days recruiting; and thinks he sees no invalid more rapidly convalescing than himself.

P. S.—“The Rev. President S. preached an hour and a half to a crowded and delighted audience in New York, January, — 1843.”—*Newspaper.*

*Remarks.*—My apology for the minuteness of the above detail is that I had the same season four other cases of black jaundice, which, though not equally complicated and painful, were nevertheless equally obstinate and perplexing. These were all past middle age; two gentlemen from Massachusetts, one lady from Connecticut and one from western New York. These persons were all of a dark, yellow color. All had very marked functional disease of the digestive apparatus, and all had tenderness, pain and distension of the lower part of the abdomen. These persons are all yet living; and the three worst cases, I have the means of knowing, were decidedly improved by their residence here. The other two instances were so recent and favorable that I have heard nothing from them, and therefore hope they are quite recovered.

*CASE XIII. Aponia. Minister's Throat Ail.*—*August 1, 1841.* Rev. Dr. C., Long Island. Age, say 37. Pale. Not emaciated. In January last had scarlet fever. A fatal epidemic in the place. Had severe bronchitis soon after, and, by preaching too soon, it resulted in complete aponia. This continued from January to June. Then Dr. R. applied a caustic in the form of Granville's lotion to the whole neck. Unspeakingly painful. Felt decided relief in thirty minutes. Pustulation, swell-

ing, purulent secretion, were kept up on the skin by frictions with croton oil. He also took blue pill nights, and copaiva in the morning. Pulse 78 and soft. Little fault of the digestive apparatus. No trouble with the lungs except the bronchia; and he has spoken aloud more or less ever since the cauterization. *Directions*.—One blue pill two nights of three. Four to six tumblers of Congress water each morning. Every second forenoon, a mineral bath twelve minutes, at 100 deg.

12.—Much better. Baths at 100 deg. very agreeable. Pulse 78. Was very feeble till he commenced the water and baths. Appetite and strength much increased.

18.—Is very well. Nothing wanting but assurance of the continued strength of voice.

Summer of 1842 Dr. C. was here. Has been perfectly well since last season at the Springs.

CASE XIV. *Universal Disease, Scrofula, Sick Headache, Dyspepsia, &c.*—July 26, 1841. Mrs. Rev. W. D., from Ohio. Age about 36. Pale. Spare. Always poor health. Had scrofula early. Still more diseased the last ten years. Has bilious, acid stomach. Sick headache with intervals of ease. Has dysmenorrhœa. Also leucorrhœa profuse. Great heat in urethra. Stinging pain after evacuation of bladder. Appetite deficient. Tongue furred. Oppression at stomach from food. Flatulent. Very costive. Pulse 84 and soft. *Directions*.—Take three tumblers of the New Congress before meals, as a tonic and alterative, increasing if they do not prove cathartic. Bath at 106 deg. every second forenoon.

August 5.—Yesterday took the bath at 100 deg.. Profuse perspiration for hours. Some headache. Bowels free. Continue all.

14.—Improving. Continue all.

23.—Fluor albus gone for three weeks. Has now a natural menstrual period. Much less pain. Is to continue the hot baths during the continuance of the menstruation, as its neuralgic character is seen to be ameliorated in atonic cases by very hot baths. Also ten or twelve tumblers of the New Congress daily.

28.—Leaves on the 30th. Has had only three slight attacks of her cephalalgia in five weeks. But little flatulence or acidity. Food sits much better. Pulse 84 and soft. No return of fluor albus. No increase of menses from hot baths. Is sure the baths diminished the pain. Great increase of weight, strength and color. Is to follow hot baths and artificial chalybeates for many weeks at home.

CASE XV. *Scrofula. Pulmonary Hemorrhage, with strong tendency to Phthisis.*—August 2, 1841. C. H. S., Esq., Vermont. Age 32. An attorney. Health good till 20 years of age. Always poor appetite since a fever at that time. Was confined last winter. Two hemorrhages from the lungs in the winter amounting to one pound. Was bled from the arm. Losing flesh and strength ever since. But little cough. Voice good. Breath short. No fault discoverable in lungs from percussion and stethoscope. Fixed pain below the spleen. Appetite poor. Costiveness aggravates his troubles. Pulse 84, full and strong. *Direc-*



tions.—Antimonial wine, 3 j. each night. Four tumblers of Iodine water at the fountain early morning and no more through the day. Bath every second day of mineral water for thirty minutes, at 90 deg., as a refrigerant and sedative.

*July 27, 1842.*—Learned that Mr. S. staid three weeks and gained rapidly.

*October 13, 1842.*—Mr. S. is again in Saratoga. He improved steadily till winter. Was injured by the pressure of professional engagements at court. Appetite and strength declined. A scrofulous swelling appeared under the arm, which was finally opened. Has continued to suppurate ever since. The pus light colored and thin. There also came four lumps on the right side of the neck. They very slowly suppurated and are now discharging the same kind of pus. Took a violent cold in July of the present season. Almost a lung fever. The cough very severe. Little expectoration. No wheezing. Had night sweats in the summer. Was not bled. Is unable to lie on either side. On percussion a dull flat sound all over the chest. Sound of respiration obscure. Fixed pain and uneasiness in left side of chest. Pulse 90, full and strong. Three weeks ago had tremendous diarrhœa. Has since had a strong appetite, and no sensible trouble from digestion. *Directions.*—Four tumblers Iodine water in the morning. No more through the day. One drachm antimonial wine at night. Bath at 90 deg. daily.

19.—Operation free. Appetite too strong. Pulse 90 and softer. Take two tumblers in the morning and one before dinner and tea. Continue wine and baths.

31.—Pulse 72 and good. Every way better. Two evacuations daily. Tenesmus, pain in left side, countenance, strength, all improving.

*November 21.*—Lumps still more diminished. Discharge much less and thicker. Cough entirely gone. Sleeps like a healthy infant. Gained several pounds of flesh. Much stronger. Countenance improving. Is to continue Iodine water, baths and wine.

*Remarks.*—The reader will perceive that Mr. S.'s life has probably been prolonged by the scrofulous suppuration in the axilla and side of the neck arresting the development of tubercles in the lungs. Although scrofula usually occurs in asthenic constitutions, the constant hardness and strength of the pulse demanded the alterative action of the mineral water, combined with a slightly antiphlogistic regimen. Hence, the Iodine Spring—our least stimulating water—was selected and used principally as a cathartic. Hence, also, the antimonial and the bath so cool as to produce chilly feelings on coming out and afterwards. The pulse invariably grows softer and slower under the use of such baths, provided the reducing regimen is appropriate. Mr. S. continued improving and very happy till about December, when, dreading another northern winter, he fled to the south of Georgia. He should spend at least a year by the side of these springs, in order fully to eradicate this deep-seated disease of the lymphatic system which we denominate scrofula.

[To be concluded next week.]

## MECHANICAL TREATMENT OF A DISEASED SPINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The brief article from me (*and it was really mine*) in your Journal of March 29, was presented at the instance of Dr. J. B. Brown. Though feeling regret at thus giving publicity to the disagreeable subject, I supposed duty demanded the statement. And now I find in your Journal of the 19th instant, that Dr. Abbe explicitly and utterly denies his agency in the case referred to, and thus constrains me, most adversely to my feelings, to render the history of my son's case, as it involves the medical, or surgical, or *mechanical* agency of Dr. Abbe, or Dr. Brewster, or both.

The difficulty that had for several months been manifesting itself upon the spine of my son Henry, was strictly topical and confined to very small compass, and we (his parents) had no doubt was the effect of a strain, induced in the act of a too severe and ambitious exhibition of strength in lifting and bearing away another lad larger and three years older than himself. He, Henry, was *the* remarkably strong and perfectly symmetrically compacted child of our family, having a sound constitution and excellent health until this accident occurred. And even then he could walk, and did so daily, some hundreds of rods abroad as well as habitually in the house. Hearing of the great benefits received, through Dr. Abbe's peculiar treatment, by those afflicted with affections of the spine in all their forms, and that hundreds had been improved in health or fully cured by him, Mrs. H. and myself resolved on committing our son to his ministrations; and, thereupon, I repaired with him to Worcester. Having had a conference with the doctor, in which I fully and minutely explained the case as I understood it, and gave him a view of the lad's previous condition as to health and excitability, I committed him to his care and supervision. After some delay in procuring a suitable boarding place, I was advised to apply to Dr. Brewster, who (as I thought at the moment, fortunately for me) readily consented to receive the patient and extend to him the needed professional aid in accordance with Dr. Abbe. I now learned, for the first time, that *they were partners*, and of course had a common interest in the destiny of their patients. Dr. Abbe not only recommended the use of *ratchets*, but aided in putting them on, at my first visit to Worcester on account of my son. It was in August, 1840. He said that he should soon use the corslets, and expressed his opinion that he could probably in six weeks safely advise his return home, to be there treated in the manner he would indicate. I then left my son under the *immediate* care of Dr. Brewster and the *general supervision* of Dr. Abbe. From time to time we received gratifying intelligence from Dr. Brewster. At length, however, impatient at not receiving information from any source, I resolved, although in miserable health myself, and as if impelled by an irresistible motive, to repair to Worcester, in extremely cold weather in December, and ascertain the true condition of my son. I went with the expedition of the cars, and quickly hastening to the residence of Dr. Brewster, at the distance of some forty rods, I heard the agonizing groans of my son; and found him stretched prostrate upon a sofa under the torture of the ratchets, which I immediately ordered to be displaced. This was in the evening. On the following morning I called on Dr. Abbe, and, repressing as much as possi-



ble my emotions, at war with my peace of mind and physical health as they were, I uttered my complaints. Touching the cruel treatment of my son, my interrogatories were close and pungent, *per se*, and his answers were vague and elusive. He blamed Dr. Brewster, and said the lad ought long before to have had on the corslets instead of the ratchets, but that he considered him rather Dr. Brewster's patient than his own. During the last six weeks of my son's torture, I was assured by Dr. Brewster, his family and my son, that Dr. A. visited him nearly as often as every other day. The preparation of the corslets, which detained me half a day at W., was done with the advice of Dr. A. This fact is within my personal remembrance, and I am surprised that the doctor, considering the peculiar circumstances at the mechanic's shop, should have forgotten it. The family of Dr. Brewster, including my son, averred with apparent horror, as well they might, that Dr. A. frequently, on visiting my son, would press down, apparently with his entire bodily strength, upon the incorrigible protuberance of the miserable patient's back, and probably by way of a humane compensation, exclaim that "he bore it like an ox." I will also state as from Dr. Brewster in self-defence, that Dr. A. saw my son but an hour before my arrival, and *forbade* the removal of the ratchets. A hostile feeling had evidently grown up between the doctors since my first visit, and I thought I perceived that my son had been nearly sacrificed on the petty altar of their personal feuds; and this but added a bitter *gravamen* to my indignation and the successive and daily injuries inflicted upon my son.

It was with a peculiar tenderness and painful solicitude that we reached Boston, and thence, after a night of rest, our home. He was feeble as an infant, and for eight weeks could not walk *by any means*; and after that, but with crutches and with difficulty and distress. A diarrhœa had been superinduced, which lasted some two months. The protrusion had sadly enlarged since he left home and could not be arrested. I repaired with him to Dr. J. B. Brown, the lad wearing his corslets and crutches, both of which, however, were dismissed in four days, and his health since has been evidently improving, excepting the exhibition of a tumor in the loins, whose proximate cause and issue is matter of painful uncertainty and doubt. His debility, decrepitude and deformity, all evidently invincible, and the probable brevity of his precious life, I shall ever ascribe to the reckless maltreatment in and upon his person, while reposing in hope, and excruciated with instruments of torture and death, four months at Worcester.

It is due to myself to state that I was never a true believer in the mode of management proposed by Dr. A., notwithstanding the strength of his assurances and promises of good, and some examples of a supposed success. My notions of the human organization revolted from the severity and violence of brute force, brought constantly and almost exclusively to bear on the dislocated or disordered parts of the body. Nor did I find encouragement in this case, from conversing about it with distinguished citizens of W. with whom I had long been intimately acquainted, and to whom I communicated the object of my visit. Still I cherished a hope, and would make the fatal experiment.

In relation to Dr. Abbe's "reply," I would by no means charge him with that moral obliquity which must be necessarily inferred from an absolute denial of well-known and remembered facts. And I have little

doubt that in some instances, even in the case of my son, the doctor has been misunderstood and misreported by Dr. B. Yet far be it from me to prefer an indictment even through the milder forms of the public press, against either. It should be remembered that Dr. A. has had the solemn responsibility resting upon his professional reputation and upon his soul, of some hundreds, perhaps thousands, of patients committed to his care. And it would be strange if he can remember the facts peculiar to each. I will, therefore, acquit him of the presumption of intentional wrong doing in his reply.

I sincerely hope that this succinct account touching the points at issue, as I understand them, between Drs. Brown and Abbe, will absolve me from the necessity of presenting any further details. If the use and merits of brass ratchets and corslets are the true subject of discussion, may the professional gentlemen select and arraign other patients, such as those who, undeniably, Dr. A. even asserting, have been the subjects of his peculiar and *exclusive* care. Such instances are undoubtedly numerous and accessible; and they furnish no opportunity of conflict about agency. To me truly it is a sad reflection, that instead of cure in a case of nascent disease in a young boy, in perfect health in other respects, I find an incorrigible deformity and hopeless disease; in short, in place of a promised salvation, a positive ruin. And to me it is of small consideration on whom, if on any, the malediction should rightfully fall. I have only to pray that good to many individuals diseased, miserable, and, withal, credulous, may be educed, as it often is in the dispensations of a beneficent Providence, from evil, whether it visit us in the form of professional ignorance or vain pretension, or a bold ambition, wanting either skill or virtue, probably both, as a basis and support.

JAMES L. HODGES.

Taunton, April 20, 1843.

P. S.—I might animadvert with some severity on Dr. A.'s expressed want of belief in the authorship of the article which occasioned his "reply;" but I forbear. He may rest assured, however, that I never sign papers involving matters of fact and an averment of their truth, without a competent assurance of such verity.

J. L. H.

Taunton, April 21st, 1843.

TO THE EDITOR. Sir,—I have attentively read the preceding pages, and fully concur in my husband's statements of such facts as necessarily came under my personal and unintermitting observation. As I have always been, especially since his disaster, the keeper, watch and guardian of my unfortunate son, by night and by day, I better know than any other person his distresses, and their treatment for the poor relief that could be afforded. The diarrhœa, adverted to by my husband, continued at least four months. He was also subject every night to copious perspiration through the winter and ensuing spring, so that he required constant care to keep him tolerably comfortable under such a wasting and free exudation. His sensations in his lower limbs were so paralyzed, that he might be pricked through the skin and feel no pain. The brass corslets produced such inflammation, that every night I was compelled to bathe his back with some cooling lotion. His sides were black and blue, and with his back became excoriated by the pressure of the *inquisitorial machine*. In short, he was reduced to a state of *utter helplessness*, and for months his appetite had so failed him, that he scarcely ate enough to sup-



port nature. Our son's *respiration* when he reached home, and for many months thereafter, was short, difficult, and often distressing. It occasioned us much apprehension, and yet seemed to be invincible, while he was encased in Abbe's machine. If the sympathy and indignation of our good neighbors could have relieved the poor boy, or have punished the authors of his misery, we should have infinitely less cause of complaint. From the improvement he has manifested since we placed him under the care of Dr. J. B. Brown, I have reason to believe, that had we applied to *him* in the first instance, he would at this time have been perfectly restored. This opinion may seem to be too strong and unwarranted, but it is justified by the indisputable fact of his rapid and decided melioration since he has had the good fortune of being the patient of Dr. Brown; and I feel it is due to him, thus to utter myself.

HARRIETTE L. HODGES.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MAY 10, 1843.

*Ligature for Prolapsus Ani.*—A correspondent says that he has not succeeded in the operation recommended by Dr. Dixon, of New York, in Vol. XXVI., No. 21, of this Journal. It appeared, he continues, very plausible, and the ingenuity of the invention made a favorable impression on his mind. However, although the directions were carefully followed, the results were not as he had been led to expect. If others have had better success in pursuing the plan proposed, and would report their cases; or if Dr. Dixon could furnish the details of cases since that paper was published, it would much oblige the gentleman referred to in this paragraph, and probably many others. Since it was announced as *a new method of applying the ligature for prolapsus ani*, it is necessary that all the experience that any one has had in the matter, should be contributed for the general benefit as well as guide of surgeons who may wish to adopt it.

*The Kidneys and Urine.\**—Some estimate may be formed of the value of this publication by referring to the several subjects which are brought under notice. First, the kidneys—the urine and its ordinary ingredients. Next, mucus, uric acid, purification of lithic acid—its composition, lithates, &c. Lithic acid, as it exists in the urine. Lactic acid and other organic acids. Hippuric acid and hippurates. Inorganic acids and bases. Carbonic acid; silicic acid. Salt bases in urine; urea, its purification, composition, combinations with acids—with bases and formation in the body. Undetermined animal matters in the urine, albumen, kystien. Accidental ingredients. Urine in fever and dropsy; during vomiting, in rheumatism, jaundice, cholera morbus, colic and hysterical complaints.

In a word, the urine is examined in all its various relations, and therefore a great body of important information is brought before the reader.

\* *The Kidneys and Urine.* By J. J. Berzelius; translated from the German by M. H. Boye and F. Leaming, M.D. Philadelphia: Lea & Blanchard. 8vo., pp. 179. 1843.

There seems to be no room for questioning the utility of the production, since chemistry unfolds a mass of important facts in regard to the urine, essential to be known to the pathologist. There is no danger of a revivification of the farce of olden times, when the mail-coaches of England were laden with bottles of urine from all parts of the kingdom, for the inspection of a London physician. Science has shown that no fluid of the body is unworthy the profound examination of men who have assumed the voluntary responsibility of prescribing medicine. As is well observed in the Preface—"The study of the chemical nature of the urine has only lately commenced. For a long time past, physicians have examined it in diseases of the kidneys, but it is only within a few years that its importance has been understood in diseases of the system, or of other organs than the kidney. It has been well ascertained that the urine contains the effete matters resulting from the nutrition and waste of the different tissues; it will therefore indicate any derangement in either of these processes, and as it is a secretion easily obtained, it claims much greater attention than it has hitherto received."

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*Science of Meteorology.*—A highly complimentary notice of Dr. Forry's late work on meteorology, by the celebrated philosopher Humboldt, has been published. It appears he regretted that he could not employ for his comparisons of Asiatic climatology with the American, Dr. Forry's judicious researches on the climate of the United States and its endemic influences. A variety of approbatory remarks have also appeared from elevated sources in this country, which must be gratifying to an author, since it is so often the case that a prophet has but little reputation at home.

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*Counsellors' Meeting.*—On Wednesday last, at the usual hour, the Counsellors of the Massachusetts Medical Society were in session at the Temple. We did not learn that there was much business before the meeting of general interest. It not being convenient to remain longer than to hear a verbal report by Dr. Peirson in relation to some proposed alteration in certain sections of the by-laws, and a minority report by Dr. Walker, touching the same subject, the doings of the council are not further known to us; but if anything should be mentioned that would be of consequence to the members at a distance, before the annual meeting, an abstract of the transactions will be published.

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**MARRIED.**—In Greenwich, Mass., Thos. Wright, M.D., of Dana, Mass., to Miss C. Warner.—At Dedham, Dr. Henry Woodward, of Fall River, to Miss Mary E. Stow.

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**DIED.**—At Middleborough, Mass., Dr. Arad Thomson, of erysipelas, a member of the Massachusetts Medical Society, 56.—In Keene, N. H., on the 2d inst., Dr. Levi Bigelow, of consumption, 29.—At Milwaukee, Wisconsin, Dr. William P. Proudfit, 39.—At Baltimore, April 25, Dr. N. T. H. Moore, U. S. Navy.

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Number of deaths in Boston, for the week ending May 6, 35.—Males, 12; Females, 23. Stillborn, 6.

Of consumption, 6—typhus fever, 1—dropsy in the head, 1—child-bed, 4—infantile, 3—old age, 3—erysipelas, 1—convulsions, 1—marasmus, 3—drowned, 1—enlargement of the heart, 1—debility, 1—intemperance, 1—cancer in the stomach, 1—cancer in the abdomen, 1—smallpox, 1—scrofula, 1—lung fever, 1—croup, 2—pleurisy fever, 1.

Under 5 years, 11—between 5 and 20 years, 3—between 20 and 60 years, 17—over 60 years, 4.



*County Medical Societies, Conn.*—At the several meetings of the County Medical Societies, held on the 13th ult., the following gentlemen were elected as Fellows for the ensuing year :

Hartford County—Drs. Gurdon W. Russell, Daniel Hall, Silas Fuller, Wm. S. Pierson, Pardon Brownell.

New Haven County—Drs. Nathan B. Ives, Reynold Webb, Miles C. Leavenworth, Sheldon Beardsley, E. Huggins Bishop.

New London County—Drs. Avery Downer, Ralph Farnsworth, Thomas P. Wattles, Worthington Hooker, David Holmes.

Fairfield County—Drs. Samuel Beach, George Dyer, S. P. V. R. Ten Broeck, Sturges Bulkley, Edwin A. Lacey.

Windham County—Drs. Joseph Palmer, Henry W. Hough, James B. Whitcomb, Calvin B. Bromley, Nathan Adams.

Litchfield County—Drs. Reuben M. Woodruff, Myron Downs, Benjamin Welch, Jr., Samuel W. Gold, Harvey Baldwin.

Middlesex County—Drs. Wm. B. Casey, Asa H. King, Datus Williams.

Tolland County—Drs. William H. Richardson, Ebenezer Lindsey, Wm. N. Clark.

The Convention will meet in Hartford, at Gilman's Saloon, on Wednesday, May 10th at 10 o'clock, A. M.

*Hartford Co. Conn. Medical Society.*—The annual meeting of the Society was held at Hartford, April 13th, 1843. Dr. William S. Pierson, of Windsor, was chosen Chairman, and Dr. Gurdon W. Russell, of Hartford, Clerk.

Dr. E. K. Hunt, of Hartford, read a dissertation, on the effects of Mental Emotions on Disease. The thanks of the Society were presented to Dr. Hunt, and a copy of his dissertation was requested to be deposited with the Clerk.

Interesting medical cases and observations were related by several members.

Dr. Gurdon W. Russell, of Hartford, and Dr. Roderick A. White, of Simsbury, were appointed Disputators for the next meeting.

*Medical Miscellany.*—Sickness prevails extensively, according to late accounts, in some of the ports of the Island of St. Domingo.—Dr. Shephard, of Alabama, is a candidate for congress. Dr. Dorrance, of Amherst, Mass. is also a candidate of one of the political parties.—An article in the Albany Evening Journal, by Mr. Delavan, April 24th, shows that he and Dr. Hun are still arguing the topic of Dr. Sewall's plates.—Assistant Surgeon, W. P. Bishop, U. S. N., is ordered to the Decatur.—Dr. A. J. Berry has been appointed post-master at Princeton, N. J.—A small boy, in Maine, lost his life within five or six hours, the other day, by eating wild parsnips.—Dr. Sewall, of Washington, sailed last week, in the Britannia, for England ; also Dr. S. G. Howe, of the Blind Institution.—There is a class of about 90 students at the Castleton Vt. Medical College ; the prospects of the school are said never to have been better.—Dr. McClintock has relinquished the appointment of professor of anatomy at the Washington University, Baltimore.—Degrees will be conferred at Castleton on the 6th of June.—Dr. N. J. Bailey has been appointed deputy naval officer in the New York Custom House.

## DR. NORTH'S RETROSPECT OF MEDICAL PRACTICE AT SARATOGA.

[Concluded from page 282.]

CASE XVI. *Chronic Gastro-enteritis*.—July 24, 1841. Miss M. S., New York State. Age 26. Began to be dyspeptic last fall. Has had bilious attacks for two or three years. Constant burning in throat, stomach or bowels. Cannot bear tonics. All cathartics irritate. No medicines useful. Tongue furred. Appetite poor. Diet particular and simple. The heat, which had been seated in the stomach and throat, left these and settled in the bowels three months since. This a source of constant wretchedness. Pulse 116, very strong and small. Has been drinking the waters here without medical advice two weeks, to cure dyspepsia! The system, in self-defence from the tonics, has instituted a cholera morbus, accompanied by symptoms of general irritation, headache, &c.

By cool baths, effervescing draughts, saline cathartics, and relinquishing all attempts to get strength from food while the first passages were in this condition, she rapidly recovered her former measure of health; and left with earnest persuasions to adopt a prolonged course of unirritating food and medicines till all troubles from her misnamed dyspepsia had subsided.

CASE XVII. *Neuralgic Heat of Stomach and Bowels, simulating Inflammation, preceded by Dropsy*.—July 20, 1841. Mrs. W. B. A., Otsego County, N. York. Age 34. Very spare habit. Had a long sickness six years since, after abortion. Severe uterine hemorrhage for three months. This succeeded by dropsy of the peritoneum. Tapped twice. Her emaciation became extreme. Had no command of her limbs. In one and a half year nearly recovered from the dropsy. Has had a child since and nursed it on one breast. Year ago last March had palpitation after eating or exercise. Had a succession of colds. Has darting pains through left side of thorax and occasional stitches. Since April last mostly confined to bed. Color and odor of feces very unnatural. Much tenacious mucus. Since then has confined her diet to bread and water to remove a most annoying *burning in stomach, pain of side and shoulders*. Her bowels also very hot. Stiffness of limbs. Obstinate costiveness. Pulse 64 and soft. Weight 75 pounds. *Directions*.—Bath every second day at 100 deg. for ten minutes. Four tumblers



Congress water in the morning and two before dinner and supper. R. Creosote, gtt. xl. ; gum Arabic, grs. xl. M. Ft. pil. xx. Take one after each meal. The diet to include beef-steak, roast beef, or other tender stimulating meat twice daily at least, with a free use of cayenne pepper and mustard.

26.—Tongue better. The baths very grateful. Has literally complied with directions as to diet. Expecting to be burnt up by the pepper, she was astonished to find an immediate sensation of comfort in the stomach. Her parched mouth became moist within the first twenty-four hours. The sense of hunger less voracious. Countenance already improved. A more grateful and healthy feeling of the skin. Continue the course without alteration.

August 4.—Takes now twelve tumblers of Congress water in the course of each day. Yet scarcely cathartic. Pulse 60, small and becoming hard. Omit the creosote and hot baths. Substitute a cold shower daily of mineral water, commencing with half a pailfull and not exceeding twice that quantity. Continue the rest.

16.—Leaves to-morrow. Is "well." Has eaten meat twice daily with the condiments. Alvine evacuations natural. Has gained 9 pounds flesh. Has taken eleven cold showers, invariably followed by a glow.

June 23, 1842.—A friend of Mrs. A. calls to say that she has been perfectly well since last summer. Has gained much flesh. Continues fresh beef and cayenne pepper.

Remarks.—The last two cases will justly admit of a brief comparison. The annoyance from the intense heat in the stomach and bowels was nearly equal in both cases. Yet the first was an instance of genuine entonic, sthenic action, needing a rigidly abstemious regimen, and antiphlogistic medicines. The heat of the second was merely a sensation—a genuine product of excessive nervous sensibility, as truly so as any common neuralgia, demanding the most generous and warming diet and tonic and stimulating medicines. The cases of morbid heat, resulting from deranged functions of the nervous system, are very numerous at the Springs within two or three years; and as the heat, whether occurring externally or internally, is a mere sensation, resulting from morbid sensibility without any augmentation of positive heat, the discrimination with a view to the treatment is of the utmost importance. For the want of a better name I have denominated the latter affection *neuralgic heat* of stomach, lungs, &c. In the diagnosis of these two disorders, whatever others may say of the fallacy of the pulse, to me it has been the pole star. And I do most positively believe that, if any practitioner of ordinary tact and discrimination, will carefully place his fingers on the artery and earnestly and without any preconceived bias, interrogate its movements and character, at the same time making those allowances for previous bodily motion, age, sex, timidity, position, &c., which are within the comprehension of any man of plain common sense, he will seldom fail to decide correctly whether the diathesis be sthenic or asthenic.

If this be done aright, the general course is plain. If he attempts to cure the asthenic patient he will carefully avoid venesection, saline ca-

thartics, and, in my humble opinion, calomel too, as also bread and water diet; and will adopt a course of stimulating medicines and diet, to substitute real, healthy heat and action for the morbid, deceptive imitation. It is quite possible that two drops of creosote three or four times a day may have some peculiar benefit in removing this nervous malady; as, in some two or three instances, among our own inhabitants, I have relied almost exclusively on this with very satisfactory results. The injury done by an opposite course is truly deplorable. Twenty-five years ago I was, when in country practice, neighbor to an ardent young medical brother who had just come, flushed with his confidence of success, from one of our medical institutions where they were taught that the lancet was *instar omnium medicinarum* in the removal of disease. His flaming and unbounded confidence in the remedy he held in his hand, joined to a tolerable head and good heart, procured for the young aspirant a wide circle of practice at once. At that time the doctrine of *liver complaints* was nearly at its height, and their cure was the high road to eminence and fame, both to the author, professor and private practitioner. It was the practice of this friend to use the lancet for all local pains and morbid sensations of heat; and within two years he had, to my certain knowledge, scores of patients, both male and female, who had been reduced to the greatest feebleness, pallor and functional aberration, conjoined with fixed pain generally in the right side of the abdomen. Dysmenorrhœa, morbid heat of bladder, and especially fluor albus, were constantly demanding his attention.

These disorders would now be called and treated, by four fifths of our practitioners, as neuralgia of the liver, uterus, kidneys, bladder, stomach, lungs or head. From the very advantageous post of observation I am destined to occupy on their professional proceedings, I can aver that they have in a great majority of instances thrown away the reducing plan of treatment. Let me humbly suggest, however, whether it would not be preferable, when they have fully decided that they are to treat a case of atonic neuralgia, that they should try a few prescriptions without any use of calomel or blue pills. In observing the progress of some half dozen of these cases, for a year or two, their own good sense will decide which class of patients are most happily surmounting disease and acquiring constitutional powers. I cannot withhold the additional suggestion, also, that in all such maladies, accompanied with atonic pain or heat, they should make a daily use for ten minutes of a very hot bath containing a liberal supply of muriate of soda. Temporary faintness or profuse sweating can form no objection to the measure. A moment's reflection on the magical effects of very hot fomentations in case of calculus, stone in the urethra, gall-stones, cramp of stomach, &c., cannot but recommend a more general adoption of the baths in question.

CASE XVIII. *Rheumatism. Prolonged Hot Bath.*—June 13, 1841. K. M., New Hampshire. Age 44. Farmer. Been ill ten years. Labored till within a year. Some labor this spring. Rheumatism commenced in the left hip. Gradually extended down the whole limb. Confined. Within four months a pain commenced in the left side of face near



antrum highmorianum. Permanent. Muscles of left limb contracted occasionally. Tongue furred. Sanguine temperament. Florid. Appetite poor. Flatulent. Pain in stomach. Leg constantly painful. Pulse 73, full, soft. *Directions*.—Mineral bath daily for one hour, at 100 deg., keeping up the temperature. Five tumblers Iodine water each morning, and sulphate of magnesia sufficient to procure thorough dejections.

16.—Tongue better. Pulse 68, soft. Yet a steady, constant pain through the left thigh and leg. *Directions*.—Dry cups to sacrum and hips. Continue baths one hour daily, and water internally.

August 20.—After some more time spent in the above course, Mr. M. went home. His neighbor, Mr. W. this day reports him at work, much satisfied with his visit to Saratoga.

CASE XIX. *Intestinal Hemorrhage. Hyperæmia. Internal Heat. Generally diseased Action*.—July 27, 1841. Miss B. C., Massachusetts. Age, say 32. Very pale. Leuco-phlegmatic aspect. Habit full. Been under the care of Dr. I. 15 years, and called "liver complaint." Soreness at pit of stomach. Pressure so painful wears dress loose. Lower extremities very weak. Generally feeble. Passes blood both liquid and coagulated from bowels. Color various. This the case the last seven years. Worse the last year. Dr. I. thinks the blood a secretion. Motion of body produces sense of tender, ulcerated surfaces rubbed together. General fulness of adipose tissue resembling anasarca. Great heat of head and loss of appetite before hemorrhage. These relieved by the occurrence last mentioned. Pulse 76 and hard. *Directions*.—Spare, vegetable diet. Two tumblers Congress water and Epsom salts to produce free catharsis each morning. None else through the day. Bath three quarters of an hour at 80 deg.—or so cold as to leave the body permanently cool afterwards. Repeat every second day.

29.—Pulse quick and softer. Her hemorrhoids, which she has had for years, are aggravated by the water and salts. Go on as before.

August 4.—Pulse 90 and softer. Takes baths at 78 deg. Leave her very cool.

22.—Is sure the cool baths are beneficial. Always leave her better. The last one as low as 63 deg. Chilly after. Abated the morbid internal heat with which she has long been troubled. Pulse 86 and hard. Appetite much improved. Countenance changed to a more healthy color and expression. Can eat meat. Great debility her worst evil. Has had one periodical illness. Natural. Is now taking seven tumblers of Congress water each morning.

26.—Return of internal burning in throat, mouth, face and stomach. Also, in the middle of sternum. Pain between shoulders. Pulse 84, hard, inflammatory. *Directions*.—Bleed ten ounces. Color florid. Substitute four tumblers Iodine Spring with 3j. crem. tart. in each, in the morning only. Spare diet. Frigid bath 2d day.

September 6.—Is rapidly improving. Ten weeks since any hemorrhage. Is every way better, and leaves here soon, much less disposed to quarrel with her family physician than soon after her arrival. She will

probably find at home, what multitudes find, that the restorative process which has been commenced here will continue long after leaving.

This young lady returned August 1, 1842, and had been much improved through the winter. She had the discretion to concur with her excellent physician that so multiplex a disease of fifteen years' standing required a longer medication than one short visit to the Springs. Internal heat seemed now her greatest trouble among many. By a daily use of tepid showers, tartarized Congress water in the morning, antimonial wine at night, and vegetable diet, she left after four weeks with as decided and rapid amendment as in 1841. Another summer may yet be necessary to her final and complete restoration.

**CASE XX. Paroxysms of Swimming in Head. Passive Dilatation of Heart. Great Nervousness and Dyspepsia.**—September 16, 1841. Mrs. L. L., Connecticut. Age 54. Sickly for eighteen years. Confined six months then with dropsy. Never well since. Has been losing her hearing twenty-three years. Now very deaf. Anomalous affection of the head. Last January resembled apoplexy. Was bled, although her physician was usually of the opinion that bleeding was inadmissible. Since January has frequent fits of a sense of sailing in her head, always in the same direction. Is never wholly devoid of consciousness in this singular condition. During three weeks' confinement at that time her pulse intermitted, and there was a tremulous sensation of the heart. Impulse of heart heard all over the thorax. Chest sonorous on percussion except above liver. Lies only on right side, with head high. On the left side cough and dyspnœa. For eighteen years has had nervous headache once a month. Now better. Yet now it is acutely painful and confined exactly to left half of the head. The right side of head is "as well as her hand." The swimming turns always accompanied by short breath. Digestion tolerable if particular in diet. *Directions.*—Bath ten minutes every forenoon at 100 deg. Three tumblers Congress each morning, and one and a half of Putnam's Spring before dinner and tea.

18.—The bath very agreeable. Warm all day after. Bowels gently open. Sleeps well. Pulse 72 and very feeble. *Directions.*—Increase temperature of bath daily till uncomfortable. Continue the rest.

21.—Pain, looseness of bowels and nausea yesterday. Attributes it to warm bread used daily. Go on.

24.—Irritation of bowels continues. Probably the effect of Congress water, as the most delicate cathartics ruffle her. R. Tinct. rhei and sen-næ, ʒj.; syr. rhei, ʒj. Misc. Dose half ounce before each meal and bed-time, each portion containing twenty grains carb. soda and one drachm lemon juice.

28.—The effervescing cordial soon restored her stomach and bowels to tone, and she is now quite hungry and happy. Is now taking three tumblers Congress in the morning, and the cordial doses during rest of day and the hot baths.

*Remarks.*—It is much to the credit of the Connecticut physicians, and she consulted many in her protracted sufferings, that they concurred



without exception in the opinion that her very anomalous and perplexing symptoms resulted from an anemic condition of the brain. The pulse was indeed so evanescent that it manifested, without a doubt, the feeble systole of the left ventricle, and auscultation demonstrated its thin and dilated parietes. It was these circumstances that led to a bold application of hot baths, cordials and tonics, notwithstanding the startling premonitions of cerebral apoplexy. It admits of little doubt that her curious turns of sailing were the result of a real want of decarbonized blood in the brain through the enfeebled condition of the forcing pump at the centre. And if her life is prolonged it must be through the assiduous husbanding of her powers, and the administration of supporting, unirritating diet and medicines.

#### MEDICAL PRACTICE IN THE SOUTH WEST.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 264.]

IN my previous letter reference was made to the character of the profession, and some of the causes noticed that lowered its standing and lessened its influence. Another yet to be considered is the entire want of medical organization among the members. So far as I know, in some States there is no State or county medical society in existence. One physician does not know nor has he an opportunity of ascertaining the principles or the success of his neighboring physician's practice; consequently, when consultations are called, great and irreconcilable differences present themselves, perhaps to the injury of the patient. And again, if some plan was adopted by which those just commencing their career could avail themselves of the experience of their seniors, great benefit would result to the profession generally. But the value and importance of medical societies, when properly organized and conducted, is well known to the readers of the Journal. In this county there are twelve or fifteen practising physicians, and exceeding half that number of diplomaed physicians that have withdrawn from, or decline, practice, and who may be called so many supernumeraries. With this large corps of medical men, no society has ever existed, nor have any efforts been put forth to elevate the standard of the profession, regulate its charges, or establish any rules of professional courtesy and etiquette.

It appears that we are too often looked upon as necessary evils rather than benefactors. This impression arises from the fact that the acquisition of wealth has seemed to be almost the *summum bonum* of the practitioner's ambition; and this is still the case in many instances, as is evidenced by the fact of so many withdrawing from the active duties of the profession the moment they have acquired the means to enable them to do so.

I have alluded to the license given to quackery, and the fine field open for its reception. In the years 1835, 6, and 7, Thomsonianism took a strong hold and was extensively practised. Since that period it has gradually declined, until we seldom hear it mentioned. It is now but seldom

used, though many of its former friends keep a little lobelia, No. 6, 3d preparation, &c., under the falsely so-called name of Thomson medicine. But as this terrible and fatal influence has declined, the botanical, anti-mineral, and all the individual quack nostrums, are more or less amalgamated, and used considerably at the present time. In the years above mentioned, many planters dismissed their regular physicians, took Thomson's book as their only rule of faith and practice, and performed their own *doctoring*. The amount of constitutional injury, the protracted sufferings endured, and the many deaths consequent upon this course, cannot be estimated. These remarks, perhaps, might appear invidious did you not know the regular science of medicine sustains no injury from this cause, nor its practitioners any pecuniary loss. Perhaps you may be led to inquire the reason why quackery took such sudden hold and exerted such a powerful influence. The reasons to be assigned are these. Previous to the time above mentioned, the community had often suffered and been imposed upon by exorbitant charges, and especially during the sickly and fatal year of 1833. At this time the calomel and lancet practice was in considerable repute, was pursued with energy of purpose by its advocates, and was doing often times serious mischief. The once popular Broussais system of practice was still more unsuccessful. Still there were not a few who were educated in that school, and came into practice, strongly impressed with its superiority over all the other systems which had ever preceded it. Thus amidst disease and death, the abuse of calomel and the lancet, and the entire failure of the Broussais practice as it was used, the public mind was ready to rush from one extreme to another, and adopt any system, however absurd, if it professed to cure disease and relieve them from the evils of the mineral practice, or starvation, cupping and leeching.

The above remarks apply with most force to country practice. There were always some physicians who took middle ground, adopting no particular theory or practice, accommodated themselves to the character of the disease, and were more popular and more successful. The new light thrown upon the nature and seat of fever by pathological research, has effected a great revolution in the treatment of bilious remittent and intermittent fevers, which are the most common of all febrile diseases in this section of country.

It has not been uncommon for individuals to impose themselves upon the credulous public as graduates in medicine, who, in fact, have little or no knowledge of medicine, and perhaps never heard a medical lecture in the whole course of their lives. Such are frequently to be met with, and as no legal restrictions are imposed, and no privileges secured to the scientific and well-educated of the profession, this imposition is not to be wondered at, especially as the fees have been, and still are, a sufficient inducement to make practice desirable. In my next letter I will speak of the fees and character of the patients.

C. S. MAGOUN.

Woodville, Mi., April 15th, 1843.

[To be continued.]



## REMARKABLE CASE OF PROTRACTED WATCHFULNESS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As you desire, for publication, an account of my extraordinary sleeplessness, I make you welcome to what follows :—

During three periods I have been bereft of sleep :—first, in 1833, for six weeks ; again in 1837, for five months ; and, now, these last four years and five months.

Prior to the first period, I never suffered from want of sleep ; although, at times, little sufficed for refreshment. My constitution, naturally sound and vigorous, was, till 40 years of age, sustained by healthy exercise, as a farmer—riding and walking much : indeed, walks of thirty or forty miles a day in no way distressed me. In the year 1819 I was cruelly imprisoned in Canada (*“illegally, unconstitutionally, and without excuse or palliation,”* as the present Legislative Assembly has declared), during eight months ; the last of which, in solitude and stifling heat, undid me ; and, for three years thereafter, I was debilitated ; nor should I ever have regained energy but for a resolution to go to hard labor, which I did for upwards of three months,—breaking stones for the roads in Wiltshire, England, and living on the earnings—sixpence a day ; viz. from September 9 till December 23, 1822, as minutely detailed in Parliamentary Journals.

In the year 1824 I was again confined by British tyranny, in London, three years and eight months ; the purpose being to make me appear to the world insane, and thus have my influence with the people destroyed. I weathered this persecution by living on vegetable food ; and, being free from all excitement, the time passed away happily. During this confinement, I had need of very little sleep ; and the greater part of my time in bed, never more than six hours, was given to reveries, chiefly as to schemes for bettering the condition of the laboring poor, plans for laying out land in the wilderness, and studies for city building, which I contemplated, and still do, to reduce to a science.

It was during this period, I think, that a habit of living without sleep began to form. From March, 1828, till November, 1833, I was tortured, in Scotland, with unsettled affairs ; but, generally in the best health ; and could walk from morn to night without fatigue, while four or five hours of sleep was quite enough for rest and enjoyment.

November 5, 1833, I left Edinburgh at six o'clock, P. M., in a canal-boat, on my way for America—choosing such conveyance that I might be along with my trunks, containing valuable books and papers. The boat was an iron one, and, jarring every little while against some other boat, bridge or lock, subjected me, reclining in a vile hold, to unspeakable discomfort. Sleep was out of the question ; and I had none all the way to Glasgow, which we reached about 10 o'clock next morning. Taking time on shore only for breakfast, I forthwith had my trunks conveyed to a steamboat in the Clyde, and immediately sailed for Greenock. There, getting on board the steamship Vulcan, we were under weigh for Liverpool in half an hour. We ran to sea in the teeth of a hurricane ;

sheltered, during night, in Lamlash bay, and, by earliest dawn, ran through a stormy ocean to Liverpool, which we reached early the second day. These two nights, like the former, were sleepless.

Engaging a passage to New York, in the packet ship Pacific, to sail next morning, I told Captain Wait how I had been deprived of rest. He recommended a warm bath before going to bed, in Liverpool. This procured, I believe, some sleep; but, certainly, from Liverpool to New York, embarking November 9, and landing December 22, I had not a wink of sleep. It was dark when we landed. I resorted to a warm bath, got into a comfortable bed, and slept, as I had done before leaving Edinburgh; nor did I again want sleep, nightly, for three years.

Crossing the Atlantic, my sleeplessness became subject of conversation. One prescribed laudanum, but that had no effect; another opium, which also failed; a third said if I got tipsy, that would do; but that did not. I drank grog, which only made me sick, and that for the first time at sea.

The beginning of January, 1837, while lodged in a tavern at Willoughby, Ohio, I was seized with erysipelas in the leg, a disease I have been long subject to, and during five months was without sleep. After that period sleep returned gradually. For many weeks I dozed by times, and had strange dreams; one of them so distinct and beautiful that I wrote it down, and it was really worthy of record. The attack of erysipelas, conjoined with other diseases, rendered me lame and extremely feeble during the remainder of my stay in Ohio—eighteen months; and, after that, for four years and four months, in Canada, with frequent attacks of erysipelas and rheumatism, I was never strong, and all the time lame: often, indeed, at death's door, in the most wretched condition, separated from my family, and, for the most part, without sympathy or a friend to whom I could unbosom my griefs. The loss of a beloved daughter crowned my calamities, and finally barred out "*Nature's soft nurse.*" My children, four daughters and a son, the youngest now 27 years of age, grew up, every way well; and my great consolation was, that whatever befel me, still my family would be prosperous and happy. Alas! when least expecting a reverse in that quarter, even when glorying over pleasant letters recently received from my daughters, I heard that the second was dangerously ill. I lay in agony two weeks, and then had the melancholy assurance of her death.

"Tired nature's sweet restorer, *balmy sleep*,  
He, like the world, his ready visit pays,  
Where fortune smiles. The wretched he forsakes;  
Swift, on his downy pinion, flies from woe,  
And lights on lids unsullied with a tear."

After seven months of this period of sleeplessness I consulted Dr. Widmer, of Toronto, reputed the most experienced physician in Upper Canada. He advised to dine early and eat nothing after, before going to bed; which till this day has afforded the most comfort. His medicine—acetate of morphia, which I took at two distinct times, for ten days together—had no effect. Corresponding with the doctor, he expressed an opinion that my sleeplessness proceeded from excitement of the brain,



caused by much reading and writing on politics, which I told him was an entire mistake, as I read and wrote little, and troubled myself not at all with politics. In fact, my troubles spring from unsettled private affairs, as my family and friends well know.

After three years of this sleeplessness, being in Montreal, I advised with Dr. Robinson, but he could do nothing for me. Telling him that few would credit my accounts of sleeplessness, he said he could, having a patient, Mr. Jamieson, who had not slept the last five months.

For a year past I have been attacked with no disease; and within these last six months, spent on the sea board, have been gradually regaining strength—partly, I think, from salt air: nor do I despair of sleeping, were all circumstances favorable. Long weakened with attacks of erysipelas, I am not able to take that degree of exercise which in former days contributed so much to brace my system; neither have I now sufficient stimulus in any way. With these, I feel confident that sleep might be recovered.

Wherever I abide, this sleeplessness has been matter of jest; and few sympathize in my calamity, one of the most trying our nature can be exposed to. Fortunately a native buoyancy of spirit sustains me against every jest, and the world's humors are repelled by my own.

Since coming to this city of "*notions*," where everything is talked about, but nothing decided, I have been beset with inquiries, doubts and denials. Some proposed watching me night and day, so that I might be *caught napping*, and this they were welcomed to do; but did not. I then cast abroad a handbill, offering a *benefit* to any charitable society who might choose to bring together a multitude for wonderment, and thus have a fair trial *instituted*; but none have come forward; and *doctors*, as they have hitherto *differed*, may differ in opinion still.

Various books on the subject have been laid before me—McNish on the "Philosophy of Sleep," and John Mason Good, M.D., on the "Study of Medicine." The first author, in my humble opinion, is anything but *philosophical*. He amuses with many stories, but comes to no conclusion on the principal subject discussed. He mixes up *absence of mind*, or what should rather be called *intensity of thought*, with sleep, which to me appear distinct things. He speaks of sleeplessness being a "*habit*" and "*habitual*;" states that General Pichegru did with "*only one hour's sleep a day through a whole year's campaign*"—and mentions others, who "*remained weeks, months, or even years, if authors are to be believed, awake.*" Now why should he refer us to authors, thus to question their authority after he had settled the point *dictatorially*, in a previous chapter, where he says, sleep "*cannot in any case be entirely dispensed with*;" and, elsewhere, deciding against the entire want of it as "*fabulous*." Who assured him of this?

Dr. Good is not thus contradictory. He sets forth views and theories, supporting them with instances of sleeplessness. Mr. Cooch, he says, "gives a singular case of a man who never slept, and yet enjoyed a very good state of health till his death, which happened in the 73d year of his age. He had a kind of dozing for about a quarter of an hour

once a day ; but even that was not sound sleep, though it was all he was ever known to take."

Now, Sir, in all this we have yet no *certainty*; and opinion after opinion may be advanced without any good whatever. I say a final issue may be reached, if I, here, in Boston, were subjected to trial ; and, for the sake of science,—to have a fact established curious in the history, habits, and constitution of man, I am willing to subject myself to the test.

On various occasions, I have been *almost* asleep, but do not think I have absolutely been so, during these last four years and five months. In September, 1840, I travelled, with only one short pause from St. Catharines, Upper Canada, to New York, in stages, steamboats and rail-cars ; talking much and continually excited with varied scenes and occurrences. Arrived at New York, I immediately lay down in a luxurious bed, closed round with musquito curtains ; and, next morning, declared to a fellow traveller, that I would be unwilling to *swear* that I had slept none. Nine months afterwards, seated in the door of my log-house in the woods of Canada, during the stillness of a summer evening, and when the air all around was loaded with smoke, I verily believe I would have slept had not a neighbor roused me. Five months later, in Kingston, thinking all my vexations in that quarter ended, and that I should soon rejoin my family in Scotland, I had a delightful night, and told my landlady that I had *nearly* been asleep ; and, reaching Quebec a week afterwards, enjoying the same hope, and worn out with travel, I dozed and dreamt, which is certainly an approach to sleep. Six months ago, reaching Providence from New York, surrounded with agreeable objects, and entertained for a whole day in the most delightful manner, I flung myself into bed ; and, if Morpheus did not obtain dominion over me, I had at least perfect repose.

These approaches to sleep are acknowledged, not for surrender of what I have maintained invariably ; but to confirm the main position. In Ohio, two persons came into my bed-room while my head was covered over, and, because I did not speak to them, said I was asleep ; so, here in Boston, while reclining on a sofa with closed eyes. On both these occasions I knew the train of my thoughts perfectly. In another place, the servant who put on my fire in the morning reported that, on two occasions, he had found me asleep. I was confident he had not, and tested the matter another morning, unknown to him. I covered up my head, kept silent, let him question me ; and then discovered, that it was only from my being attentive, that his voice was audible through the covering.

Both the doctors above quoted allow that sleep may be dispensed with for long periods ; and, if for weeks and months, why not for years and forever ? I have not only done without it for years, but for months have simultaneously suffered from acute pain and torture of mind still worse than that. Nor could I have endured but for a cherished principle, that, to endure is duty.

I have tried many remedies :—a hop-pillow, hop-tea, &c. &c. &c. Winter before last, at Kingston, Canada, in great misery from the deprivation, I resorted to laudanum, again and again—fifty drops, seventy



drops, ninety drops, and, upwards of a hundred; yet, still, I had no sleep. Here, in Boston, I have been advised to get Mesmerized; and, if professors of that art are willing to try, they may try. Most surely to succeed I say, let me rest from persecution, because of principles and opinions, which has been unrelenting during thirty-five years: give me my rights as a British subject in Canada, and deeds to land there vexatiously withheld; restore to me property in Britain taken out of my possession under most iniquitous pretences; and let me rejoin my children in such a happy home as I once enjoyed.

All this is now submitted, frankly and sincerely, to your learned and liberal profession.

ROB. F. GOURLAY.

*Marlboro' Hotel, Boston, May 10, 1843.*

#### SINGULAR CASE OF WORMS.

By J. Taylor Bradford, M.D., of Augusta, Ky.

A CASE of some interest fell under my observation a few days since, the particulars of which I will detail. It occurred in a colored girl, 9 years of age, who had, with the exception of much impaired appetite, been in good health. Being employed with other children, in the ornamenting of a play-house, which was denominated a church, she suddenly sprung up and commenced clapping her hands, and singing in a most vehement manner. As she had been, on former occasions, when thus employed, in the habit of acting somewhat in the same way, she was encouraged by her playmates, and she continued until quite exhausted, when it was found, by her mother, that she could not be made quiet.

When I was called to see her, which was about ten hours after her attack, I found her rolling from one side of the bed to the other in a state of delirium, every few moments uttering a shriek, and throwing up her arms, as if in a state of great alarm. Sometimes, by shaking her, she seemed as if partly aroused, but in attempting to answer questions, she suddenly broke off into an incoherent song, or perturbed moaning. The pulse was very irregular, sometimes an interval between the beats of two or three seconds, and then it would become for a short time very rapid, but soft; skin near the natural temperature; tongue, with a thin, white coat; no unusual heat about the head; bowels undistended, no excess of heat, and bore considerable pressure without any apparent suffering. The upper lip was swollen; the pupil of the eye dilated, while the general expression of it was wild, vacant and restless.

But little satisfactory information could be obtained in regard to her habits a few days previous to her illness, either from her mother, or the family, as her health was good enough not to attract particular attention. As there was no symptom, or set of symptoms, which could be regarded as pathognomonic of any particular disease, I offered the conjecture that she was, probably, suffering more from worms, than from any other cause.

In accordance with this, I directed a decoction of the *rad. spigelia*, to

be given every two hours in half tea-cupful portions ; at the same time I directed three powders, composed of calomel and camphor, to be given every three hours ; after which, when necessary, to be worked off by ol. ricini and spirits of turpentine. A blister was applied to the nape of the neck, for there was no unusual heat about the head, and a poultice of garlic to the abdomen.

On the second day, when I visited the patient, I found there had passed some fifty very large lumbricoides. The discharge of these, contrary to my expectation, had produced no abatement of the symptoms. The powders had operated without the use of oil, and as most of the worms voided were alive, the same remedies were continued (spigelia, lessened in quantity) through the second day. On the third day, two more worms were passed, with no amelioration. Equal portions of the tincture of valerian and tincture of opii, were given in teaspoonful portions, every three hours, with directions to discontinue them should the delirium cease, or sleep be produced. No benefit resulted from this prescription. The child died on the fourth day. A *post-mortem* examination was permitted and instituted, when the stomach was found unusually small, and seemed to be divided into two compartments, with a contraction near the middle, extending quite round the stomach. Between the contraction and the pyloric orifice on the posterior face of the stomach, was found a worm *half protruded* through the stomach. On the side of the stomach, extending two inches from the perforation, was a circular furrow in the coats of it, similar to the grooves or furrows made by the arteries on the parietal bone. Upon close examination of the organ immediately around the perforation, which was exsanguine, and of a lighter color than the remaining portion of it, was found a second perforation, which seemed to be very oblique. The stomach contained nothing but a little mucus and gruel, and so small that it would not probably contain as much as half a pint with the greatest distension. It, however, had no appearance of disease, except immediately around the perforation, which, as above stated, was of a little lighter color than any other portion. Upon examining the cavity of the abdomen, two worms were found, which I supposed, finding no other perforation, escaped through the orifice in the stomach. As far as I was able to examine, it did not appear that any of the contents of the stomach had escaped through the orifice. All of the viscera, except the brain, which I did not examine, appeared to be in a state of health.

We are told by a learned annotator and compiler of books, that Cloquet, after an anatomical investigation of the lumbricoides, and that Bremser, a distinguished helminthologist, after the examination of fifteen thousand worms from various countries, arrive at the conclusion that "worms are always free in the intestinal canal, and never adhere to its parietes."

It is further asserted by Andral, Rudolphi and Carswell, that "worms are totally incapable of perforating the intestinal tunics." Frank declares, that "after opening several thousand bodies, he never met with one instance which could be rationally attributed to perforation."



On the contrary, Stokes quotes a case, from Fischer, of a female in whom two circular orifices were found in the colon, communicating with the cavity of the peritoneum; in one of the openings a worm was discovered, one half of which lay in the peritoneal sac, the other in the intestine. Schellhammer relates a case where lumbrici were discharged from an abscess in the inguinal region. German, a case, where one hundred worms were discharged from an abscess in the pubic region communicating with the intestines. Huenerwolf, a case of enteritis with perforation from worms. Hister and Carth, cases of lumbrici found in the cavity of the abdomen, with the intestines perforated."

There are few authors, I believe, if any, that admit worms to be capable of perforating the intestines exempt from inflammation or ulceration; but the present case, neither before nor after death, presented any traces of either.

When we reflect that the existence of worms in the alimentary canal is sometimes capable of producing such a fearful train of maladies as are recorded in the books, and that the lumbricoides are so remarkable for their vigor, and the sharp and pointed appearance of their head and tail, I think it is possible, and fair to presume, at least from the present case, and what I have been able to glean from the authors I have consulted, that worms not only perforate the intestines *independent of inflammation and ulceration*, but that they are in many cases the immediate cause of inflammation and ulceration. But I am levying too heavy a tax upon your patience, and must close.

This is, at present, literally a "wormy region;" amounting almost to an epidemic—many grown persons assume the verminose characteristics of children, and have to be treated accordingly. My "causality" is not sufficiently developed at present, had I leisure to go into the "how created" or "ab ovo" parasites which take up their abode in the intestines, and were I so to do, I might say with justice and truth, what many authors ought to say—"darkness is still visible."—*West Med. Recorder*.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MAY 17, 1843.

*Perpetual Loss of Sleep.*—An article appears in this No. of the Journal, of a singular character: it is, as the reader will perceive, the history of the writer's personal experience in the formation of a most unnatural habit, and his physiological observations upon it. He is not a medical man, and makes no pretensions beyond the ken of common readers. The narrative is written in a pleasant style, and as unexceptionably as could have been desired. It was drawn up at our own request, because the account is one without precedent; and although we are not prepared to vouch for the truth of all his assertions, we consider them, on account of what we have seen and heard of the writer, entitled to the consideration

of medical men. Mr. Gourlay fully expects to be misrepresented, to have his assertions questioned and his veracity impugned; but the facts cannot be altered. To prove that he is perpetually awake, he invites a commission to watch with him and thus verify the truth of his declarations.

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*The American Journal of Pharmacy.*—After a quiet existence, marked by great usefulness and respectability, this Journal has reached the first No. of the *fifteenth volume*. On looking over its pages, which are exceedingly well executed, typographically, we find the matter evinces the close discrimination and scientific acumen of the editors, Joseph Carson, M.D. and Robert Bridges, M.D., both professors in the Philadelphia College of Pharmacy. It is neither convenient or at all necessary to particularize the specific excellences of this periodical, in order to command respect or a wider range of sustaining influence. Were its merits more known to active practitioners, it strikes us that its circulation might be quadrupled in the United States—a destiny which we hope is in reserve for it.

It is the great business of a physician to cure maladies, and the instruments of his medical power are the productions of nature and art; but without a knowledge of the articles he is supposed to be qualified to prescribe, how is he to discharge the duties devolving upon him? There is a reprehensible ambition constantly manifesting itself in these days, to talk about the locality of disease, without a sufficiently earnest attempt to cure the patient. This needs a little reformation. Instead of an exclusive attention to thumping every square inch of the thorax, under cover of that cabalistic word *percussion*, which means anything or nothing, according to the intelligence of the percussee—and diving into the chest after death, in search of something to sustain a pathological opinion, as though morbid specimens were greater triumphs than living customers, more devotion to the study of the *materia medica* and practical pharmacy should be practised. Let those, therefore, who appreciate the value of medicine in the removal of disease—among other requisite means of improvement keep pace with discovery by taking the Journal of Pharmacy.

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*Homœopathy considered Quackery in Philadelphia.*—At a late meeting of the Philadelphia Medical Society, the following rules were reported by a committee appointed to revise the laws of the association:—

“Any member of the Society shall forfeit his membership by any one of the following acts:

“1. Publishing his qualifications, trading in, holding a right in, or advertising, secret or patent medicines or instruments.

“2. Reporting his practice, including surgical operations, in other than medical works.

“3. Publishing in other than medical works, any article reflecting on the profession, or tending directly or indirectly to enhance his own merits, or undervalue those of other practitioners.

“4. Practising or sanctioning any system of quackery or imposture, including what is called homœopathia.”

It seems, therefore, that a decided stand is to be taken against this very fashionable system of practice. There are very many physicians



dabbling in the business of homœopathy, not from principle, but for the sole and exclusive purpose of profiting by the credulity of patients. Another order of practitioners pretend to deal in both—allopathy or homœopathy, according to order, or the whims and caprice of their medical patrons. It is pretty certain that this class are ignorant of both, however popular they may happen to be. Boston sustains quite a strong representation of the new school of physicians, who are so well established that it would require something more powerful than anything yet tried to lessen the circle of their influence.

*Undeserved Reward.*—We cut the following from a newspaper.

"Dr. W. Beach, author of the voluminous medical work, 'The Family Physician, or the American Practice,' has received from Louis Philippe, King of the French, a beautiful gold medallion with a striking likeness of the king and queen, and bearing the following inscription:—*Donné par leurs Majesties au Dr. W. Beach, de New York.* 1842.

"This is the seventh similar royal present the doctor has received—viz.: from the Kings of Saxony, Wurtemberg, Prussia, and the Netherlands, and from William the Fourth and the Grand Duke of Brunswick. The letter transmitting this medal to Dr. B. is couched in highly complimentary language, acknowledging the receipt of the work, through the American Minister, and expressing the thanks of their Majesties, and is signed by Camille Faier, Secretary of the Cabinet, and transmitted through the French Consul-general in N. York. When it is considered that the work has to be examined by the King's medical advisers before it is presented, it is high commendation of the value and importance of Dr. B.'s labors in the field of medical reform."

What has this gentleman accomplished in the domain of medical science, to be honored by the bounty of kings? Nothing. He is neither known to men of science in his own country, or acknowledged by intelligent men in the city of his residence, to have claims of any kind upon the world on the score of superior sagacity or medical attainments. He has simply constructed a book which he calls a new system of medicine, but which is neither novel in its details, or distinguished for originality of thought. Dr. Beach may be highly respectable as a citizen, pay his pew tax, take the Croton water, walk on the Battery with the air of Plato in the Academy, and contemplate his own shadow from the steps of Castle Garden as the greatest reformer of the age—and yet be as profoundly ignorant of the laws of disease as Louis Philippe is of medical merit in the United States. What has this favorite of crowned heads achieved for mankind, that entitles him to the thanks of a parish meeting—much less, the bounty of foreign States? We think, nothing. Is Dr. Beach's system of practice, *the American System*? which implies the abnegation of all other modes of medication. Though his brass in forcing his productions upon the attention of royalty, has been rewarded with gratifying food for vanity, it is no criterion of personal merit. Who, of all the learned physicians in the new world, beloved and respected by the people, would acknowledge Dr. Beach to be anything but an adventurer, if his own writings are all the evidences of his superiority? No one. Finally—who is Dr. W. Beach? Let the Court of St. Cloud answer the question.

*Diseases of the Maxillary Sinus.*—An able and instructive dissertation on this subject, by Chapin A. Harris, M.D., of Baltimore, has been published by Messrs. Lea & Blanchard, Philadelphia, in a neat octavo, which has more than ordinary claims upon practitioners of dentistry. It should be in the hands of the whole fraternity, as we shall endeavor to show by some future comments upon it. Scientific dentistry takes a higher rank in the United States than in any part of Europe—a fact that should stimulate operators to maintain the reputation they have acquired.

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*Pereira on Food and Diet.*—A new edition will speedily appear, simultaneously at New York and London, under the editorial supervision of Charles A. Lee, M.D., of New York. By the Hibernia, 400 pages, with wood cuts, were received, to which about 200 more will be added. It will unquestionably be a standard work. The author certainly paid a high compliment to Dr. Lee's literary qualifications, in requesting him to edit this forthcoming American edition.

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*Treatment of Vesico-Vaginal Fissure.*—Dr. Reid, of London, relates a method which he has lately practised in cases of rupture of the vesico-vaginal wall. A common India-rubber bottle is selected, of pyriform shape, to the neck of which is attached a mount containing a female screw, and at the side a stop-cock. A small condensing syringe, the distal end of which terminates in a male screw, corresponding to the one attached to the bottle, constitutes the other portion of the apparatus. Being well oiled and larded, and the air pressed out, the bottle is folded and carefully passed up the vagina, until the lower end or mount is at the vulva. The condensing syringe is then fixed, and a few strokes of the piston used, until the distension begins to give pain. The stop-cock is then turned, the syringe disengaged, and a napkin applied and fastened to the vulva. The bottle is to be removed for a short time every evening, cleaned, and the vagina syringed. The constant flooding of water, so distressing and offensive in this complaint, is by this means prevented.

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*Efficacy of Electricity in a case of Poisoning by Laudanum.*—Mary Anne Hugdon, aged two months, admitted at eleven, P. M. A dose of laudanum, amounting to twelve drops, had been administered by mistake four hours and a half previously. The medicine produced deep sleep, and, in the space of two hours, convulsive movements of the extremities.

When admitted the infant was quite insensible and motionless. The surface was cold and exsanguine; the impulse of the heart could not be felt; breathing was very difficult, and was performed with intervals of half a minute at least between each respiration; the pupils were very small, and she had lost the power of deglutition. The usual remedies were employed without success, and in a quarter of an hour the child appeared to be dead; but whilst she was being removed she was heard to rattle in her throat, and immediately afterwards breathed deeply. This encouraged us to renew our attempts to restore animation. Our measures were, however, attended with partial success. Respiration at first improved, but soon became again very difficult and irregular, and in an hour's time the condition of the patient was very little better than it was when we first saw her.



My colleague now proposed to try the effect of galvanic shocks passed through the body. An electro-dynamic apparatus was employed; one pole being placed over the upper part of the cervical region of the spinal column, and the other over the cutiform cartilage of the sternum. The greatest benefit resulted almost immediately. Rapid action of the diaphragm followed each application of the poles of the battery; a few short inspirations being drawn, followed by a deep breath. At this time five hours and a half had elapsed since the administration of the laudanum. The remedy was employed during an hour and a half, shocks being passed through the chest, and along the course of the spinal column, whenever the breathing flagged. At first the stimulus appeared to influence the diaphragm alone; but in a short time the arms were extended, and soon afterwards the legs also, whenever the poles were applied to the surface of the body. The child opened her eyes, and seemed to notice surrounding objects: she uttered some cries, and the surface became warm. The head no longer sank on the shoulders, but was supported by the efforts of the patient, and with her lips she clasped the fingers placed in her mouth.

About 3 P. M., eight hours and a half after the laudanum had been taken, respiration became established, though not with regularity, and the further use of electricity was not required; but in half an hour a new train of symptoms set in; the pupils dilated widely, and the child fell into a state of exhaustion, without any of the symptoms of coma: the breathing was performed by sighs; the surface was again cold, and she became quite insensible. From this state it was found impossible to rouse her. However, she lingered till 4 P. M., when she died, quite worn out with her sufferings, twenty-one hours after the administration of the laudanum.—*J. Russell, King's College Hospital, in London Medical Gazette.*

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*New Haven Co. Medical Society.*—At the annual New Haven County meeting of the Connecticut Medical Society, held in New Haven April 13, 1843, Lyman Parker, M.D., was elected *Chairman*, and Pliny A. Jewett, M.D., *Clerk*. Dr. Alvan Talcott read a dissertation on *Pneumonia*, and Dr. B. H. Catlin on the use of *Actæa Racemosa* as a remedy in *Rheumatism*. Drs. Meline C. Leavensworth and V. M. Dow were appointed Dissertators for the next meeting.

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*Mortality in Philadelphia.*—The following table of the deaths which have occurred in that city and liberties, during the years commencing with 1807, and terminating with 1842, is not without interest. The greatest mortality, it will be perceived, was in 1832, the cholera year, when 6699 deaths occurred:—

In 1807, 2045; 1808, 2271; 1809, 2004; 1810, 2036; 1811, 2386; 1812, 1800; 1813, 1632; 1814, 1783; 1815, 2040; 1816, 2319; 1817, 2217; 1818, 2765; 1819, 3124; 1820, 3374; 1821, 3172; 1822, 3591; 1823, 4600; 1824, 4399; 1825, 3812; 1826, 4151; 1827, 3945; 1828, 4292; 1829, 4294; 1830, 4250; 1831, 4939; 1832, 6699; 1833, 4440; 1834, 5073; 1835, 5666; 1836, 5357; 1837, 5202; 1838, 5462; 1839, 5113; 1840, 4949; 1841, 5833; 1842, 5943.

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*Medical Miscellany.*—Dr. Martin has been re-appointed first Clerk of the Department of State, at Washington, an office he formerly held under

a former administration.—Dr. Meredith Clymer was not long ago elected one of the Physicians of the Philadelphia Hospital, Blockley, vice Dr. C. W. Pennock, resigned.—A medical school is germinating at St. Charles, Illinois.—An epidemic fever, of a remittent type, is prevailing in Chester County, Penn. It is said to be neither typhus, typhoid nor bilious fever.—Dr. Willard Parker, of New York, of the College of Physicians and Surgeons, has been elected an honorary member of the State Medical Society.—Dr. Gilli, of Turin, states that a child, 18 months old, in 1842, voided 510 lumbrici in eight days. Some were six inches long. The child recovered.—A new medical association has been formed in England, called the *Sydenham Society*—for the purpose of re-publishing scarce medical books. Each member pays one guinea a year. Sir Henry Hallford is President.—It is rumored that Dr. Liebig will have the chair of Chemistry in the University of Edinburgh, in the place of Dr. Hope.—M. Andral, says the Medical News, has been elected a member of the Academy of Sciences—receiving 42 out of 55 votes. His competitors were Guerin, Poisenille, Cruveilhier and Bourguery. M. B. did not have a single vote.

**ERRATUM.**—On page 288, last week's Journal, in list of Fellows of Connecticut Medical Society, for Dr. Daniel Hall read Daniel Holt, M.D.

**MARRIED.**—In Wethersfield, S. R. Kellogg, M.D., of Erie, Pa., to Mrs. Lucy C. Churchill, daughter of the late Joseph Hale, of Wethersfield.

**DIED.**—At San Antonio, Texas, Dr. Booker, killed accidentally by a gun in the hand of a drunken soldier.—In Dublin, Dr. Macarty, Professor of Anatomy in Trinity College—distinguished as a physiologist.—Dr. Bullard, known by his experiments on plague in the East, has just died at Dresden, aged 38. The deceased had been known to pass nights and days with plague patients, even when the natives dared not approach them.—At Cleveland, Ohio, Hon. Joshua Mills, M.D., 48.

Number of deaths in Boston, for the week ending May 13, 26.—Males, 18; Females, 8. Stillborn, 2.

Of consumption, 3—dropsy on the brain, 2—measles, 1—old age, 1—scrofula, 1—rheumatic fever, 1—infantile, 2—convulsions, 1—debility, 3—dropsy, 2—pleurisy fever, 1—delirium tremens, 1—inflammation of the lungs, 2—scarlet fever, 1—inflammation of the heart, 1—paralytic, 1—disease of the heart, 1.

Under 5 years, 8—between 5 and 20 years, 2—between 20 and 60 years, 10—over 60 years, 6.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

Apr.	Therm.	Barometer.	Wind.	Apr.	Therm.	Barometer.	Wind.
1	from 28 to 36	from 29.22 to 29.30	N E	16	from 46 to 65	from 29.36 to 29.42	N W
2	23 37	29.37 29.45	N	17	42 47	29.33 29.47	N E
3	25 36	29.55 29.60	N W	18	34 40	29.54 29.65	N
4	21 43	29.66 29.71	N W	19	36 48	29.66 29.68	E E
5	30 40	29.46 29.58	N	20	40 56	29.59 29.59	N
6	34 56	29.15 29.19	N	21	41 62	29.45 29.59	N W
7	32 42	29.21 29.29	W	22	46 68	29.54 29.56	S E
8	38 51	28.80 29.14	S W	23	48 52	29.28 29.50	S E
9	38 46	28.80 28.82	N W	24	52 62	29.14 29.18	N W
10	34 40	28.94 29.10	N W	25	54 54	29.25 29.36	N E
11	34 50	29.20 29.28	N W	26	49 63	29.38 29.43	S W
12	41 56	29.42 29.53	N W	27	52 56	29.96 29.19	S W
13	34 62	29.58 29.65	S	28	43 72	29.18 29.26	W
14	38 46	29.64 29.70	N E	29	50 57	29.40 29.53	N E
15	42 64	29.45 29.53	S W	30	41 50	29.44 29.58	S E

April has been a cold month. The first week was good sleighing in this vicinity, and the second in towns north of this. The snow banks were very conspicuous on the 20th. The last week has been favorable for vegetation. The Thermometer has ranged from 21 to 68. Barometer from 28.80 to 29.71. Inches of rain fallen, 4.13.



*Diseases of the West.*—More than twenty years ago we announced the design of publishing a work on this subject. Of the causes which have delayed its preparation, we shall not speak in detail, and will mention one only. Reflection soon convinced us, that the undertaking was of greater magnitude and difficulty than it first appeared, and could not, indeed, be accomplished without extensive and patient personal observation, particularly in the north and the south, that the *feathering* out of our endemics in those opposite directions might be distinctly ascertained. But excursions for that purpose were impracticable, till the last summer, when, in visiting the shores of the Lakes, we commenced the series of medical travels which have now been resumed. In their prosecution, it is our object, 1st. To acquire a knowledge of the modifications of our climate, from the Lakes to the Gulf, with their influence on the constitutions of the people. 2d. To note the various geological and topographical conditions, which may be supposed, directly or indirectly, to occasion or prevent diseases. 3d. To observe the diet, drinks, occupations, and manners and customs of the inhabitants, as predisposing to, producing, or preventing diseases. 4th. To obtain from medical gentlemen, in all parts of the country, such information concerning the diseases prevalent in their respective localities, as can be drawn from them by personal interviews. 5th. To collect facts for a comparative estimate of the physiology and pathology of the European-American, the Indian and the Negro.

Our field of observation extends from Michigan to Florida, and from the western slopes of the Alleghany mountains to Missouri, Arkansas, and Iowa.

Such is the enterprise on which we have entered at an advanced period of life, though with some of the activity and feeling which belong to earlier years. Should we not live, or otherwise fail, to achieve it, we have the satisfaction to believe that our researches may still be of some benefit to the profession, inasmuch as we can scarcely fail to record many valuable facts, which might otherwise be lost, and which by some abler hands may be presented to the public.

In addressing these paragraphs to our readers, and all other medical gentlemen within the extended region we have designated, we are actuated by an earnest desire to secure their co-operation. Without it, failure is inevitable; with it, some degree of success may be regarded as almost certain. Therefore we respectfully solicit their co-operation. We shall devote the months of March and April to Florida, South-Alabama, and the southeast of Mississippi; May to the Delta of the Mississippi; and June to the upper parts of Louisiana, the western portion of Mississippi, and the eastern part of Arkansas; and we take this method to request such of our readers as reside in those States, to prepare for us, in writing, such transcripts of their experience as may be fit materials for our projected work. We would, moreover, extend this request to all who practise medicine in the various States west of the Alleghanies, in the hope that they will at once perceive the necessity of their co-operation, and that they will forward to us, at no distant time, the facts which are requisite to a full history of our most important diseases.—*Dr. Drake, in Western Journal of Medicine and Surgery.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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DIABETES.—POST-MORTEM EXAMINATION.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I received the following case from my friend Dr. Gilman Davis, of Portland, Me. Will you be kind enough to insert it in your Journal, and oblige your friend,

H. I. BOWDITCH.

The patient was a boy of 4 years of age. The parents were healthy ; but lost their only other child some time since with “scrofula,” as they informed me. The subject of the present examination was a healthy babe ; but the mother was unable to nurse him, and he was in consequence confided to the care of a wet nurse, who was confined *a year* previous to her taking this child. About two years since the child was troubled with all the symptoms of scrofulous disease of the hip-joint, for which he was put under the care of a physician. Shortly after this, two or three tumors appeared on the scalp ; one of them, on the back of the head, suppurated, and the matter was discharged. Soon after (about 18 months since) they first noticed that the child was excessively thirsty, and passed much more urine than natural ; the appetite, however, being good, and the bowels, as they think, not out of order.

This state of things has been gradually progressing until I first saw the child, which was a week before his death. At this time the child had all the looks of old age. On the head were patches of squamous eruption, like tinea ; the face perfectly blanched, except for a slightly yellowish tinge, and entirely exsanguine ; the teeth were all black and decayed ; the tongue was natural enough. The most remarkable feature, however, was the eyes. Both protruded entirely out of the socket, and seemed to be retained by the lids only with difficulty. One, the left, had actually escaped from the lids and “laid upon the cheek,” a few days before my visit, and was replaced by the mother herself. When the lids closed, so far as they could, the effect of the closure upon the ball of the eye, as in the healthy eye, was beautifully shown. The lids were transparent, and the dark iris was as clearly seen as if through a watch glass, the cornea being midway in the upper lid. The whole skin was parched and dry as could be, with scaly eruptions on various parts of the body. The belly was greatly tympanitic, giving a drum-like resonance on percussion, and



the whole muscular system atrophied; the skin loose and shrivelled upon the limbs. The feet were anasaralous slightly, and as white as the purest wax-work, and, together with the hands, resembling wax-work more nearly than I have ever before seen. The child breathed with difficulty, and coughed a little. I attempted to examine the chest, but the child was so extremely irritable that I gave it up. The mother carefully measured the urine, which averaged a quart per hour during the day, and she thought it must be nearly as much during the night. I took some of the urine home with me. It was perfectly limpid. I tasted it carefully, but could not perceive the least sweetness; and then tested it with yeast, raising the temperature gradually to 80 deg. Fahr., but without any fermentation. This, however, it must be remembered, was but a week before the child's death. The bowels were acting well enough. The thirst was constant, and the child would at times drink a quart of water, without taking the vessel from his lips. He died quietly.

I made the examination thirty-six hours *post mortem*. The hands and feet preserved their wax-like whiteness—the feet still anasaralous. On cutting through the scalp and reflecting it, there appeared on the periosteum several patches, the largest over the left parietal bone, of a substance which I considered strumous deposition, or crude tuberculous matter. These corresponded with the situations of the previous external tumors. On raising the sawn portion of the skull, which was strongly retained by adhesions at the posterior part, the dura mater exhibited several patches precisely similar to those on the pericranium; and on the occiput, in the place of the abscess which had burst, the bone was entirely wanting for a space the size of a ninepence, which was filled up by membrane. The dura mater along the longitudinal sinus, and especially on the back part of the head, was exceedingly hypertrophied, being from one fourth to one fifth of an inch in thickness. I could not find any tubercles in the membranes or in the sinus. The arachnoid was clear and slightly distended with serum. The brain was natural, with a little fluid in the ventricles. It was with the greatest difficulty that I could separate the anterior portion of the brain from the bone—it being firmly attached by its thickened membrane. Over the right orbit the bone was in part absorbed, leaving a jagged edge, with a thick mass of strumous deposit (similar to that on the pericranium and dura mater) in its place and around for the space of a square inch. The dura mater here was immensely thickened, tough as cartilage, and only separated from the bone by great effort. The left orbital plate was not apparently injured, but the dura mater was firmly attached round it, and thickened as on the other side. The optic nerves were atrophied and flat, feeling very much like an empty artery when pressed between the fingers. The orbital plates of left side I removed as much as was removed by absorption on the right side, when the orbits were found to be completely filled by the thickened membrane—a perfect cartilaginous-like mass, pushing the eye beyond the outer orbital edge. I did not make any further examination of the eyes, as I was requested to disfigure the face as little as possible.

The lungs were firmly adherent to chest all round, with thickened

pleuræ, and the same strumous deposition in patches between the pleura costalis and pulmonalis. There were no tubercles in the membranes or in the lungs, though I looked carefully for them. The pleuræ beneath the sternum and the pericardium were one third of an inch thick, and, like the other affected membranes, feeling and cutting like cartilage. The lungs appeared to be carnified—looking precisely like raw beef, without the slightest crepitus. The lobes of the lungs were firmly adherent; the interlobular membrane being one third of an inch thick. The bronchial glands I carefully examined—but they seemed unaltered. The heart was pale and flabby, but without any structural alteration. There was nothing observable about the diaphragm. The liver was perhaps larger than natural at that age—its ligaments, capsule of Glisson, &c., not altered; the gall-bladder was half full of healthy bile. The spleen natural. The pancreas about two thirds of its natural size, and indurated, cutting like the pleura. The stomach large, flabby and blanched, but not otherwise altered; peritoneum without tubercles or any appreciable alteration; mesenteric glands unaffected. The kidneys large and pale, but without any organic disease; the ureters largely distended, sufficiently so to admit a finger easily; the bladder was unaltered. The bowels I did not think it important to examine.

Notwithstanding the entire absence of tubercles and the unaltered state of the glandular system, I cannot doubt that the disease was scrofula, and I use the term in its broadest sense. I am the more confirmed in this belief from the fact that the family physician, Dr. Cummings, together with his father, both gentlemen of great experience, who attended the child when it first began to show signs of disease, pronounced that disease scrofulous. And I suppose the constitutional affection to have been engendered by giving the child breast-milk not sufficiently nutritive for its support. It left the mother a healthy infant, and returned from the nurse puny and sickly. I have searched in vain for any description of a similar alteration of the membranes, and send you the account in the belief that you will be interested in it.

I may mention here that I could not learn that the child had ever had any enlargement of the glands in the neck, groin, &c.

That there should have been such freedom from pain in the head, and no disturbance of the intellect, seems to me remarkable. During the first month or two of its sickness, it would sometimes cry out suddenly with pain in its head, but there was no complaint latterly. The child was bright and intelligent, though very fractious.

I am also struck with the perfectness of its sight to the last, considering the flattened and atrophied condition of the optic nerves and the filling of the orbit by adventitious structure, and consequent protrusion of the eye. Yet after the eye had actually escaped from between the lids, and had been replaced, to test the sight a pin was held up to him, which he saw and took at once. The child walked about till a day or two before its death.

In regard to the diabetes, my imperfect examination of the urine will allow me to say but little. I did not detect sugar—but there still might



have been some, and it might have been diminished at the late period when I first saw the child. At any rate, there was no organic renal disease, and my own belief, from all the symptoms is, that it was a true case of diabetes mellitus—and that in this and in other cases the disease is, as Dr. Barlow and others have stated, owing to a deficiency in the assimilating powers of the stomach, by which a lower organic product, sugar, is taken into the system, in place of a higher organic product, albumen.

REMARKS ON THE PATHOLOGY OF DRUNKENNESS, WITH PARTICULAR REFERENCE TO DR. SEWALL'S PLATES.—NO. II

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 255.]

IN the discussion which has been elicited by the plates of Dr. Sewall, the opinion has been advanced with great confidence, if not with all the weight which professional distinction usually confers, that the stimulus of alcoholic drinks, when taken in moderation, contributes to health, by exciting that degree of action in the stomach, which is essential to the due discharge of the digestive function. In this opinion I believe Professor Hun, of Albany, stands alone; for though popular customs may possibly be founded on, if they do not give countenance to such a belief, it is very certain that no other man of science of modern days has maintained such a heresy. *Alcohol* necessary to health! Why then does it not distil from the clouds, or bubble up from the caverns of mother earth, or flow in streams and rivers, or spread forth in lakes and oceans? Why was not man's physical organization adapted to such an agent? his stomach and digestive tube of brass or steel (the real "*dura ilia*" of the Saturnian era)? and his other organs of equally *non-impressible* materials? Such a position is too absurd for argument—too ridiculous for even grave discussion—for though there may be now and then a Jack Falstaff ready to exclaim, "Had I a thousand sons, the first human principle I would teach them should be to forswear thin potations, and to addict themselves to sack" (*Henry IV., Act 4*), we should search in vain for a real physiologist, who is willing to risk his reputation in the advocacy of such a doctrine. We have seen nothing on this point deserving of serious notice; but to the *opinion* of one young man we may oppose that of the profession generally, as embodied in the following remarks of the learned Dr. Trotter—"Natural appetite requires no alcoholic stimulants. Human blood and healthful chyle do not acknowledge alcohol to be an ingredient in their composition. The nature of the human stomach cannot accommodate itself to ardent spirit, and dyspeptic symptoms are the early signs of its being hurtful. The mucous, villous and muscular coats, the gastric and mucous follicles of the stomach, instead of feeling it necessary for their functions, by every repetition of the draught, resist it the more, till at last digestion is overcome, fixed disease takes place in these organs, and the fibres become hard and insensible."—*Trotter on Drunkenness, page 177.*

In our preceding article, we endeavored to show that Dr. Sewall's plates of 1, the *Healthy Stomach*, and 2, *The Stomach of the Temperate Drinker*, were substantially correct, and that no criticisms yet brought to bear against them are entitled to any weight. The most, indeed, that has been urged against the latter, amounts only to this, that the same appearances are produced by *other* causes. Granted; and what then? It certainly does not follow that the plate is not correct, for this is virtually admitted, and moreover in admitting that the capillary vessels of the stomach are injected during the act of healthy digestion, caused by the presence of ordinary food, it by no means follows that their *pathological* condition is identical. Dr. Hun, indeed, assumes the point which remains to be proved, when he says that "the effects produced by food and by alcoholic drinks are perfectly physiological, and that there is no reason to say that the one is more healthy than the other." Now, it would be just as true and rational to say, that as the skin is injected with blood in *erysipelas*, *scarlet fever*, *blushing*, &c., therefore all these pathological states are "*physiological*" and identical, and all "equally healthy." Would Dr. H. call an injection of the mucous membrane of the stomach by a solution of *arsenic*, *corrosive sublimate*, or any other acrid mineral or vegetable poison, *physiological*, and similar to that caused by the digestion of bland food? But we have abundant proof that alcohol is as much a *non-natural*, or poison, as either, and they may all be taken "in moderation," with about equal impunity. The error consists in regarding alcohol as belonging to the *materiæ alimentariæ*, as a *nutrient*, and then reasoning from this false assumption; whereas, it is purely a narcotico-acrid stimulant, producing a local irritation in the gastro-intestinal mucous membrane, leading, with inevitable certainty, to a pathological condition of the parts with which it comes in contact, awakening numerous sympathies, by an excitement far transcending the healthy standard; and eventually terminating in lesions incompatible with normal functions, or even the continuance of life. We are told, indeed, that "the *abuse* of an organ causes disease, proportioned to the degree of abuse;" but ought not *all* use of such an agent *in health*, to be considered as an abuse?—or at least as much so as that of opium, arsenic, strychnine, or any other poisonous drug? It is an easy thing to say that the excitement caused by alcoholic drinks is a healthy excitement, but it is not so easy a matter to prove it. Let Dr. H. draw that intangible, evanescent, and ever-changing line, which separates the moderate use of such an article from its abuse, and we will give him credit for the accomplishment of a task, which has hitherto baffled greater men than he. "There is," says he, "undoubtedly a gradation of disease produced by alcoholic drinks, but the gradation commences not with the temperate use of these drinks, but with the abuse of them." Again, he remarks, "So long as the person avoids *excess*, there will be no disease." This is a pure assumption, without a single fact or observation to support it. How does Dr. H. know that there is no disease, or, that it does not correspond in degree to the amount of alcohol habitually taken into the stomach? The statements of Dr. H., unlike those of Dr. Sewall, are neither founded in rea-



son nor observation, and consequently have no scientific value whatever. Apart from the support derived from the chemical fact, mentioned in our last article, namely, that alcohol has so powerful an attraction for water, as to exert a corrosive influence upon the soft mucous membrane with which it comes in contact, thus modifying and eventually destroying its incurvation, on which its healthy functions depend, pathology has revealed to us such a multitude of facts which go to disprove the position of Dr. H., it would really seem that no one, unless under the influence of the mocker itself, could arrive at the conclusion that alcohol and food rank in the same class, and exert the same physiological effects upon the animal economy. We dwell the longer on this point, because it is a doctrine which commends itself to popular favor, and which needs not the plausible, albeit delusive arguments of scientific men to give it currency.

In endeavoring, moreover, to support the position that alcohol does not exert a deleterious influence upon the gastric mucous membrane, when used "habitually" but "temperately," Dr. Hun has involved himself in many palpable contradictions. To prove the proposition, he says that it is necessary to show, "from positive observations, that the stomach of the temperate drinker presents a morbid appearance after death, not found in abstinence men." But after admitting that alcohol does cause an injection of the mucous membrane, he remarks that this increased vascularity is "transient, and does not remain after death." Hence, he very logically infers that there has been no increased vascularity, which he had already admitted, or, if there had been, it did not amount to disease, because there were no vestiges of it after dissolution! Now, in our former article, we stated as the result of numerous observations, made under favorable circumstances, during a period of sixteen years, that in a majority of cases of what are usually termed temperate drinkers, increased vascularity of the stomach does exist after death; we endeavored to show that its *absence* did not necessarily disprove its existence during life. And yet Dr. H., after conceding the same, quotes this very fact to prove that there never has been any, and insists upon it that the stomach of the temperate drinker should always "present a morbid appearance after death, not found in abstinence men." We can scarcely believe that such reasoning as this, can justify the habitual use of alcoholic drinks, though we are aware how little show of reason suffices to justify a custom, supported by prescription, animal appetite, and perchance the example of the reputed wise and good. As Dr. H., however, is not the only person who has relied upon the occasional absence of vascularity of the gastric mucous membrane after death, to prove that it did not exist during life, we shall quote a few authorities. "In animals killed by alcohol," says Dr. Christison, "Orfila says he found the villous coat of the stomach of a cherry-red color. I have several times remarked the same appearance. When the stomach was empty, before the alcohol was introduced, I have always found the prominent part of its rugæ of a deep cherry-red tint, the margin of the patches being of a more florid hue, and evidently consisting of a minute net-work of vessels. In

man, these signs of irritation have not been always observed. In the patient who died in the Infirmary here, the stomach was quite natural in appearance.”—(*Christison on Poisons*.) Professor Horner remarks that “The most extreme irritations of the stomach may exist during life and may even be fatal, but yet not be manifested after death, by unusual redness of the tissues affected. It would indeed be unphilosophical, and inconsistent with pathological observations on other parts, to expect from the stomach an invariable manifestation of disease, by redness and injection of its mucous surface after death. Let the redness of the skin in erysipelas be ever so strong during life, it frequently disappears wholly, by the retreat of the blood from the capillaries, after death. Measles are similar in this respect, and the fact already mentioned is very worthy of attention, that if a fine injection be thrown into a subject who has died at the height of the eruption, the vessels originally dilated by the irritation, manifest themselves by the greater quantity of injecting matter they receive; or, in other words, the eruption may be renewed after death, as I have satisfactorily ascertained by experiment. If any conjecture can be hazarded on these points, we are disposed to believe that during the process of death, the vitality of parts in a state of inflammation is frequently so far diminished, that they no longer have the power of attracting the fluids in undue quantity to them; consequently their redness disappears.”—(*Pathological Anatomy*, page 162.) Bichat, Broussais, Abercrombie, and many other able pathologists, maintain the same doctrine, and support it by a variety of facts, gathered from their own observation; and yet we admit, that unless properly guarded and explained, it is a doctrine easily susceptible of perversion and misconstruction, and in the hands of the ignorant, or the reckless, may lead to dangerous consequences in pathology. After death from cholera, in which during life there was unquestionably extreme congestion of the vessels of the gastro-enteric membrane, it was not uncommon to find a perfectly blanched appearance, with scarcely a vestige of vascularity remaining. We have even noticed the same after death from an excessive dose of arsenic, causing symptoms very analogous to those of an aggravated case of cholera. These cases, however, constitute exceptions to the general rule. In persons who have made an habitual, albeit temperate, use of distilled alcoholic liquors, we do find more or less injection of the mucous coat of the stomach, the appearances varying according to the *grade of irritation* to which the organ has been subjected. Where the quantity of alcohol habitually taken has been comparatively small, say from one to three wine-glasses of brandy or wine daily, we find, especially on holding up the stomach to the light, a distinct arborescent appearance of the vessels, branching forth in every direction, over the gastric mucous membrane, as we see over the sclerotic coat of the eye in cases of severe ophthalmia. This appearance is apt to be overlooked by a careless observer, particularly if the precaution is not used of placing the stomach between the observer and the light, when the beautiful net-work of vessels is distinctly visible. It is unnecessary to say that no such appearances exist in a healthy stomach, or, which is tantamount, the stomach of the



total abstinent. Frequently, we find conjoined with this injection a softening of the mucous tissue, or even a deposition of lymph upon its surface, indicating a higher grade of inflammatory irritation than that which results in simple congestion. If the cause be withheld, which produced this pathological condition, the vessels contract, and the membrane assumes again its former healthy aspect. Fortunate, indeed, are those, who pause in their destructive course, before the irritation set up has been so long continued, or become so intense, as to produce organic lesions, which neither time nor the recuperative powers of nature can repair!

In cases where the stomach has been subjected to a higher grade of irritation, by the ingestion of a still larger quantity of alcoholic drink, we find a *capilliform* injection of the same membrane; the vessels being larger and more distinct, and forming a more palpable net-work. Here the morbid changes are so perceptible, as to be easily discerned on laying open the stomach and emptying it of its contents, without resorting to the means alluded to in the former instance. In this grade of disease, moreover, we observe that the subjacent cellular tissue is always more or less softened—slight maceration being sufficient for its complete removal. I would call this the stomach of the *toper*, the man who is not ashamed to ask for a glass of brandy and water, and who calls in the aid of Bacchus to “warm” him, to “cool” him, to give him an appetite, to cause him to sleep, and to minister to his “often infirmities.” Could such a person see himself as the pathologist sees him, he would find that his stomach had already passed the first stage of disorganization, and was rapidly tending to that point, where the vital process, exhausted by long resistance, and fruitless warfare, would yield the battle, and succumb beneath the death-dealing potion. And yet this man will quote Dr. Hun to prove that the excitement of alcohol is a healthy excitement, and wonderfully conservative and conducive to health; or, to quote Dr. H.’s own language, that “his stomach is in a state of excitement which is not only compatible with health, but is absolutely necessary to the preservation of health”! In many of these cases of respectable but confirmed toppers, and even of those who make less frequent use of alcoholic drinks, we find occasionally a *speckled* appearance of the mucous membrane, such as may be seen figured in Dr. Gross’s Pathological Anatomy (Plate I., figure 5), and which may be imitated very closely “by scattering fine grains of powdered vermilion upon a moist sheet of white paper.”—(*Andral.*) This appearance is owing to a slight extravasation of blood, caused by a rupture of some of the minute capillary vessels. These specks may be conjoined with diffused redness, or with softening; they may be isolated and distinct, or confluent; giving to the membrane a streaked or striated appearance.

The next grade of diseased action caused by alcoholic drinks, would lead us to a consideration of Dr. Sewall’s admirable Plate of the Drunkard’s Stomach, but we shall leave this for the subject of our next number. In the mean time we beg to enter our most earnest protest against the doctrine of Professor Hun, as laid down in the following extract from one of his communications to the Albany Evening Journal:—“*One who uses*

*alcoholic drinks with moderation, will feel an excitement under their influence which will not exceed the limits of health, and will leave no physical derangement behind it*”!! Here is the same blending and confounding of *natural* and *artificial* stimulants, which we have already noticed, and which is certainly remarkable in one who professes to *teach* the laws which regulate the animal economy. We suppose it to be an established doctrine that every organ has its appropriate stimulus; that *light* is the proper stimulus to the eye, *sound* to the ear, and *food* to the stomach, and that the excitement caused by the appropriate stimulus, when confined within normal limits, is not only pleasurable, but conducive to health. That *alcohol* instead of *food* is the natural stimulus of the stomach, we don't believe is yet quite established, though we shall think it highly probable, when it can be shown that the *eye* is not only adapted to light, but to sound, the *ear* also to both, or even that the stomach is as well adapted by its organization to digest alcohol, as the gizzard of the fowl or the ostrich is to grind up gravel stones. The unconsciousness of having a stomach at all, has been laid down by physiologists and writers on dietetics as the grand criterion of health and healthy digestion; and the dyspeptic, who feels in the epigastric region more than he can well describe, would doubtless yield assent to the truth of the doctrine, even in case Dr. H. should protest, that this increased sensibility is nothing more nor less than “healthy excitement” powerfully conservative, “and leaves no physical derangement behind it.” He may well pray to be delivered from the pleasure of “feeling the excitement,” caused even by the presence of ordinary food, and be willing to exchange this blissful state for a more passive and negative condition, when the digestive process sends no intelligence to the brain, nor the brain any messengers to its outposts. If he recurs to the past, he doubtless may recollect the time, when he was wont to “feel the excitement” of alcohol, causing a very perceptible, if not pleasurable, sensation of warmth in the neighborhood of the lunar ganglion, “firing up,” to use an engineer's phrase, an organ, as well adapted to the application of such a stimulus, as a powder magazine for fire; rousing the whole organic system of nerves, and awakening a thousand sympathies, all centreing in the brain, and hence reflected to every part of the system. The unnatural excitement caused by an *artificial* stimulant, is now produced by a *natural* one, *food*—and the dyspeptic is paying the penalty of believing in the physiological, pathological, moral and physical heresy, that artificial “stimulants are absolutely necessary for the preservation of health.” The true doctrine has been well laid down by Dr. James Johnson, in his “Essay on Indigestion,” where speaking of the use of alcoholic liquors, he remarks: “The final result will be the same, *irritability*, or *morbid sensibility*. If the excitement be pleasurable, as from wine, we are *spoiling* the stomach, as we spoil a child by indulgence; we are *educating* the organ improperly, and laying the foundation for morbid irritability. On the other hand, if what we take into the stomach induce disagreeable sensations there, we are then offering a violence to the organ which will very soon terminate in disease, or, more properly speaking, the natural excita-



bility of the stomach is already changed into morbid sensibility, and disorder has actually commenced." If Dr. Hun can produce any respectable authority in favor of his doctrine, that a person may safely indulge in alcoholic drinks, to the extent of "feeling" a pleasurable "excitement" under their use, we shall "feel" under great obligation to him, and shall accord him a higher niche in the schools of modern scientific medicine, than we are now disposed to do. By the way, if Dr. H. will brush up his anatomical knowledge, he may possibly find an anatomical fact in explanation of the reason, which he seems unable to divine, why alcohol, if so injurious to the stomach, does not cause in that organ the same painful sensation as when applied to the eye! Is it not possible that the manner in which they are respectively supplied with nervous influence has something to do in the matter? In conclusion, we beg to commend to Dr. H.'s attention, as well as those who think as he does on this subject, the following judicious remarks of the late excellent Professor Oliver:—

"What should we think of the prudence of frequently applying to a healthy eye, pepper, vinegar, camphorated spirit, or any other irritating fluid, which would affect it in the manner just described? Suppose the eye could be made the seat of a certain artificial appetite for such irritations, and could be gratified by the application of them, what language should we think would sufficiently express the folly or madness of that man who deliberately set about creating such an appetite in his eye, by the frequent application of these stimulants? Should we not expect, as a matter of course, that this tender organ, subjected to such unnatural excitement, would, at length, be thrown into a state of permanent irritation, which, in the form of inflammation, would, in the end, disorganize and destroy it. This is precisely the character of that practice so prevalent among mankind, particularly the civilized portion of it, of swallowing a variety of irritating substances, solid and fluid, to stimulate the stomach. The inevitable effect of these is, to produce a state of irritation of the organ, more or less permanent, according to the degree and frequency of the stimulation, which, in the form of chronic inflammation, gives rise to the most obstinate dyspepsias, and, in certain habits, leads to incurable and fatal disorganization in the stomach. The only difference between the two cases is, that the eye is not naturally the seat of any appetite except for its proper stimulus, *light*. But neither is the stomach *naturally* the seat of any appetite for stimulating substances. The artificial appetite which we can create in the one organ, is just as unnatural as that which, fortunately, we cannot create in the other. I say *fortunately*, because there can be no doubt that if any poison existed in nature by which an artificial appetite could be created in the eye for stimulating substances, the perverse ingenuity of man would long since have found it out, and it would be quite as common to meet people with inflamed, disorganized and blind eyes, as it is now to see them, some, with impaired, small, croaking and snuffling voices, trembling hands and dizzy heads, from the practice of stuffing a poisonous powder into the nostrils; and others tortured and groaning with the pangs of diseased and

ruined stomachs, shattered nerves and ruined health, from the practice, equally *rational*, of loading their stomachs with a variety of stimulating substances. These are the effects of stimulants upon the parts to which they are applied. They increase and precipitate all the vital functions of the part, and they produce a condition of its nerves and bloodvessels very similar to that which exists in disease—that is, irritation of its nerves, and an increased quantity of blood in its vessels; a condition, which, if frequently renewed, cannot fail of becoming permanent, and in the end of producing disease.”

# MEDICAL PRACTICE IN THE SOUTH WEST.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 295.]

I WILL now give you a list of the most regular rates of charging, and such as can be collected by the slow and uncertain process of law. We are seldom paid for our services when rendered, and it is not considered due until the following January; that is, we make out our accounts and settle up but once a year. Accounts bear interest from the first of January until paid.

Prescription, venesection, and extracting teeth,	-	\$1,00	each
Cupping and leeching,	- - - - -	2,00	“
Preparing and administering dose of medicine, not less than	50		
Travel per mile,	per day, - - -	1,00	
“ “	nocte - - -	2,00	
Town visit, or call while in the country,	- - -	1,00	
Detention over one hour, charged at the rate of	- -	1,00	per hour
Night detention,	- - - - -	2,00	“
Consultation fee,	- - - - -	from 10,00	to 20,00
Attendance on obstetric cases,	- - - - -	“ 10,00	to 25,00
Important surgical operations,	- - - - -	50,00	
Minor,	“ “ - - - - -	5,00	to 20,00
Setting fractured bones, and reducing dislocations of			
the larger bones,	- - - - -	15,00	to 25,00
Dressing wounds,	- - - - -	2,00	to 5,00
Attendance on surgical the same as in other cases.			

It is not very uncommon to make a special contract for the operation and subsequent treatment in surgical cases. The above list of charges is subject to great variation by different practitioners in different localities. City or town charges are generally somewhat greater than in the country. But the fees as they are put down are such as have been collected in this county, by process of law.

The credit system in medicine is a bad one, and often gives dissatisfaction. An open medical account for twelve months often amounts to a much larger sum than was anticipated. Consequently a larger draw is made on the pocket; whereas if the same amount had been disbursed at several successive periods, while the services were fresh in the memory, and grati-



tude was in lively exercise, it would have caused no disagreeable feelings. We are compelled to make uniform charges upon all or hear complaints. Some, of course, are not able to pay, and must be set down as gratuitous; but many others, who are at the time in circumstances to pay, become insolvent, and thus we lose hundreds and thousands of dollars, and years of professional toil. We are thus disappointed in regard to our income, and our benevolent or gratuitous services. No party is benefited by the credit system; but each sustains an injury. Perhaps I would come nearer the truth by saying that from one fourth to one third of our annual charges are never realized, than by fixing it at any other proportion, though in some cases it is much beyond that limit, and in others something less.

City or town practice does not differ materially from the like practice in the Atlantic cities, except that a part of the patients are colored servants, and the general remarks that follow have reference to the slave population, living on plantations, which constitute a majority of our country patients. The simple manner in which they live, the regularity of their employment in the open air, the free and unrestrained manner of dressing, all exert a favorable influence upon health; and when attacked with disease, it is more simple and less complicated, and yields more readily and with more certainty to the influence of the remedies employed for its cure; thus upon the whole our success is greatest among the colored population, *ceteris paribus*. Notwithstanding their regimen and habits are for the most part good, yet the want of cleanliness and comfortable quarters frequently does much injury, both of which they could remedy, as they have the power; but as a class they are so indolent and indifferent to personal comfort or utility, when left to themselves, that they make little or no provision in these particulars.

It is not uncommon to be called to cases of feigned sickness, or, as it is termed here, *opossoming cases*; therefore the physician has to be on the alert, or by the cries and groans and false statements of the patient he may be deceived; but bearing this in mind, he is in little danger of being deceived or of making any serious errors in his prescriptions. But in this manner they deceive their overseers or masters, and avoid their regular work for weeks and perhaps months together. A large proportion of the cases the physician is called to prescribe for, have been treated more or less, according to the confidence possessed by those who have charge of them, with *mineral* or *botanical* practice, or a combination of both as they may happen to have a partiality. Therefore, as we have to meet protracted disease, often made worse by the worst empiricism, it is not surprising that we should often fail of success; but so far as I am able to determine, we have a less number of fatal cases occurring from acute, chronic and febrile diseases; in the same number of patients, than in the N. E. States. I do not here speak of epidemics, which occasionally prevail in certain localities, and which, perhaps, in the course of a few months may nearly depopulate the places of its visitation. C. S. MAGOUN.

Woodville, Mi., April 20th, 1843.

(To be continued,)

## MUSCULAR ACTION.—EXAMINATION OF DR. BROWN'S REPLY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of April 26, I noticed the reply of Dr. J. B. Brown to my critique on a previous article of his, which excited much amusement, and not a little surprise at his gross mistakes, and erroneous representations, but especially at his attempt at ridicule, which was paying me a compliment greater than his highest praise could bestow ; for when an opponent resorts to this method, it shows conclusively that he has nothing better to offer, and thus indirectly yields the argument.

His first attack is upon the physiological fact of limiting the sphere of muscular action ; he denies the principle, and then asserts that it cannot be done without producing paralysis, and converting the muscle to matter nearly resembling jelly. In making these assertions he shuts his eyes, and loses sight of the arguments presented by me ; makes representations to suit himself, and then quarrels with them. The principle I advanced was, that if a muscle or group of muscles were confined in their action to certain limits for a length of time, they would retain that degree of action unless altered by force. This he denies, and asserts that they would immediately resume their former position when the force confining them should be removed. His assertions on this point do not accord with my instructions when a student of medicine, nor with all my experience since I have practised surgery, nor with well-established facts. I was much surprised that a medical man should gravely put forth such a declaration. I feel humbled to find, at this period of physiological knowledge, so gross an error in a medical man, when so many facts in the practice of every practical surgeon almost daily prove the falsity of the doctor's position. If his position was true, all that would be necessary in many cases of curved spine, would be simply to place the patient in a horizontal position, and all deformity would promptly be removed. But let it be tried in any severe case, and it would dissipate the assertion to the winds. Nay, more, if his position was true, it would be difficult to conceive how a curvature should ever take place, except in cases connected with diseased vertebræ. It is a well-known fact that horse dealers elevate the heads of horses by compelling them to eat from a high rack, and not allowing them to drop their heads below a certain point, by which means the head becomes permanently elevated, and in some instances so much so that the animal cannot bring his head to the ground ; yet he has perfect command of his muscles in the limit assigned to them by the arrangement. Perhaps the doctor would say that the law of muscular action in horses is different from that in man, and may feel that I am comparing a horse "to a curved spine;" but if so, I can only say that both are untrue. If his assertion were true, the sphere of muscular action could not be permanently altered from its natural position, and all his attempts to do so must be for other purposes than believing he can accomplish it.

One point Dr. B. seems determined not to notice, viz., the difference between confining a muscle to a certain sphere of action, and placing it in a position in which it cannot move, and gravely talks as if the latter



was the position advanced by me. Suffer me, however, to correct him on this point also. I wish it distinctly understood, that all my applications for curved spine, are so arranged that not a single muscle is prevented from acting, but only the action confined to certain limits. Every muscle sustaining the vertebral column is allowed to act under the use of the ratchets and corsets, and the patient can change his position at pleasure, and exercise in any manner desired to promote health. How infinitely does this surpass the method of confining them upon the inclined plane, and stretching them for hours, and then liberating them and suffering them to relapse to their former position, by which nothing towards restoration is accomplished.

Dr. Brown's position relative to the chest is so ridiculous, that I thought of passing it over in silence. He asserts that "anatomy has taught that the bony substance of the ribs and vertebræ yields only at their articulations," and that if he is not correct, then I "shall prove myself the discoverer of a new, and before this, unheard of principle, both in physiology and anatomy." I do not claim this distinction, but as the doctor asserts his ignorance of a principle that bones may be altered in their form, he seems hardly excusable.

Dr. B. seems not to notice the difference between an ellipsis and circle, and ridicules the position taken by me, that pressure upon the most convex portions of an elastic ellipsis increases its capacity by making it more circular. Any school boy could correct him on this point, and any "tyro" in medicine would laugh him to scorn were he gravely to assert it not true. That this is the effect of the proper application of the ratchets and corsets, is an established fact, and demonstrated in many hundred cases; and if the discovery is new, and originated with me, it is nevertheless true, and is of the highest practical importance in the treatment of lateral curvatures of the spine. If you were to press upon two sides of a hollow sphere, in which an opening existed for the escape of the atmosphere, the effect would be to lessen the capacity, if any change was produced in its sides, but the opposite effect would be produced upon an ellipsis. This, Dr. B. seems not to know, or if he knew it, he has put forth assertions he knew to be false.

The doctor next shows his unwillingness to comprehend a principle, or understand an argument, by saying that I compared "a fractured femur to a distorted spine." As he is so dull of apprehension, I will make the matter more plain. I had stated that the common corsets and their effects upon the health were too well understood to require a description from me; so, also, was Desault's apparatus for a fractured femur; but because a man in health would be a fool to wear it, it would not follow that he would be so if afflicted with a fractured femur. The argument was, that because persons in health were injured by using improper instruments, when diseased it would not follow that they would not be benefited by instruments adapted to the case.

At this point the doctor seems to lose all patience, and by a sweeping clause denounces the most plain and positive facts in philosophy, physiology and anatomy, as if his medical brethren were bound to take his

assertions without examination. But I ask soberly, if such were the fact, would not the doctor, with the disposition manifested by him, expound them? There can be no doubt on this point. And the fact that he contents himself with assertions and misrepresentations, proves most conclusively the untenable nature of his position.

Another error the doctor has fallen into, which I feel justified in inferring, viz., that because all my cases are not cured, therefore my system must be wrong. I have never advanced the claim, that among the several thousand cases of curved spine that have been treated by me, all were cured; nor would any reasonable man expect it. If the practice of medicine or surgery were to be tried by this rule, under the guidance of the most skilful, in any or all its parts, all would be condemned without distinction. Nor can I hold myself responsible for the improper use of instruments not under my control; and I ought not to be any more answerable than I should be for the improper use of any article of medicine. Several attempts to imitate the corsets used by me have been made; and there would be as much propriety in charging the use of opium upon a physician, when it had been prescribed by an apothecary, as to charge the ill effects of corsets upon me, when not under my direction, and especially when I have not applied them myself.

The doctor claims to have much sympathy, and presents, as a motive for his unfounded assertions, a sense of duty. It may be so, but it is more like the sympathy and duty of the fox watching for his prey, without regard to truth, and should meet with just rebuke. A. ABEE, M.D.

May 10, 1843.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MAY 24, 1843.

*Medical Legislation.*—A committee was raised some time last season by the Monroe County, N. Y. Medical Society, to whom was referred the subject of medical legislation. Circulars were addressed to medical gentlemen in different States, to ascertain points like these—"Is there any law in your State regulating the practice of physic and surgery—and if so, what is it?" "If any law in your State, imposing penalties or disabilities upon the quack, has ever existed, has it ever been repealed or abolished; and if so, what influence has such abolishment had upon the increase or decrease of quackery?" Having received twenty letters in answer, besides eleven pamphlets, the committee sum up their doings thus:

"From the facts thus adduced, it appears, that EIGHT of the States have never had any laws regulating the Practice of Medicine; that TEN have abolished all law on the subject; that FOUR only have any existing law, so far as known to us (for from the four following we have received no replies to our circular—viz.: ARKANSAS, ILLINOIS, MICHIGAN, and DELAWARE.) So that EIGHTEEN at least out of the twenty-six States have, at this time,



no laws regulating the Practice of Medicine, nor prohibiting that of Quackery.

"With regard to the benefits to be derived from Legislation, in the matter before us, the testimony here adduced is somewhat discrepant, both as it regards the facts, and the opinions of the witnesses. But one thing is clear, viz.: that Quackery and Patent Nostrums every where abound, despite all law and the severest penalties. It is also equally evident that public opinion will not tolerate penal enactments prohibiting Empiricism. The Committee have, therefore, unanimously come to the following conclusions:

"FIRST—That in the present state of the public mind, all penal or prohibitory enactments are inexpedient.

"SECOND—That it is most conformable to the spirit of our civil institutions, to leave perfect liberty to all to practise Medicine, being amenable only for injury done.

"THIRD—That all Legislation relative to the Practice of Medicine and Surgery, as in all other Arts and Sciences, should only aim to encourage by affording such facilities as may be necessary to its highest prosecution.

"FOURTH—That the important, if not the only remedy against Quackery, is Medical Reform, by which a higher standard of Medical Education shall be secured."

The Committee, Drs. Reid, Backus, and Moore, who appear to have faithfully performed the duty entrusted to them, make the following, among other additional remarks:

"The object of Legislation is the public good. Medical law may be said to have a twofold object: first, the protection of the community against imposition, where health and life are involved; second, the improvement of Medical Science: both aiming at and resulting in the public good. But law is the expression of the public will, without which it can neither be enacted, sustained, nor executed. The written statute is, therefore, a dead letter, whenever the public mind is arrayed against it. And this is pre-eminently the case with regard to the medical law of this State at this time. Empiricism is every where rife, and was never more arrogant, and 'the people love to have it so.' That restless, agitating, agrarian spirit, that would always be levelling down, has so long kept up a 'hue and cry against calomel and the lancet,' that the prejudice of the community is excited against, and their confidence in the Medical Profession greatly impaired—and no law could be enforced against the Empiric, or nostrum vender. Every attempt of the kind would only create a deeper sympathy in their favor, and raise a storm of higher indignation against the Profession. This spirit cannot be controlled by arbitrary legislation. It only makes it, like compressed steam, the more elastic and more certain to explode. It is by seeming to yield, and giving it space, that it becomes quiescent and harmless. A repeal of all penalties and disabilities would take away from the quack his strong ground for appeal to the sympathies of the people."

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*Diseases of the Skin.\**—An almost endless variety of cutaneous affections are brought under the eye of the physician, for many of which he has

\* A Practical and Theoretical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Skin, arranged according to a natural system of classification, and preceded by an outline of the Anatomy and Physiology of the Skin. By Erasmus Wilson, M.D., &c. &c. Philadelphia. Lea & Blanchard. 1843. 8vo. p. 370.

no certain remedy. Locality, diet, dress, climate, humidity, aridity of the atmosphere, &c., are the direct causes, or exert modifying influences on the diseases of the skin, as perplexing to the sufferer as they are anomalous to the practitioner. Within a few years quite a successful system of quackery has been carried on in this department. Adventurers in health have opened their medicated baths; sold their secretly prepared unctions and lotions, or drugged those who had less sense but more honesty than themselves, till intelligent people begin to perceive that some new action is required, to stop this tide-wave of ignorance, presumption, and offensive charlatanism.

We have been led to these observations by looking over the pages of "*A Practical and Theoretical Treatise on the Diagnosis, Pathology and Treatment of Diseases of the Skin.*" Mention was made of this book some two or three weeks ago, but owing to a constant pressure of other matter, there has since been no good opportunity for speaking of it properly. Without going into the particulars of what the author designates a *natural system of classification*, it only behooves us now to call the attention of our brethren to the fact that a new work, or rather a new edition of an excellent treatise, is now waiting their patronage. It is by Dr. Erasmus Wilson, author of a celebrated and beautifully illustrated work on human anatomy. This one fact is sufficient to show that industry and knowledge have been concerned in the production of the work. The following subjects constitute the chapters, viz.: Anatomy and Physiology of the Skin; Congestive Inflammation of the Dermis; Effusive Inflammation; Suppurative Inflammation; Depositive and Squamous, of the Dermis; Inflammation of the Skin induced by Parasitic Animalcules inhabiting the Dermis; Hypertrophy of the Papillæ of the Dermis; Disorders of the Vascular Tissues; Disordered Sensibility of it, and Disordered Chromatogenous Functions of the Dermis; Diseases of the Suderiparous Glands and of the Sebaceous Diseases of the Hairs and Follicles; Syphilitic Eruptions, &c., followed by a History and Description of the Itch Animalcule, *Acarus Scabiei*; the *Acarus Folliculorum*, &c. &c.

As a whole, it is a very orderly written work, embracing the entire amount of knowledge on diseases of the skin, which could be deemed essential. Those who have not yet availed themselves of it have an opportunity of procuring a guide of character, not perhaps inferior to any extant, and far less expensive than many that might be named.

*Poisonous Influences of Lead Pipe.*—Some months since a notice was given of the researches of Dr. Dana, of Lowell, on the poisonous effects of lead pipes on potable water, which are deserving the grave consideration of the guardians of the public health. We have wondered that the report of Dr. Dana did not have the effect of inducing some one to devise a substitute for lead pipes, that should be economical and free from dangerous properties. A late discovery in London, that the dogs of her Majesty's kennel sickened and died in consequence of drinking water that flowed through a lead tube, led to vigorous action, although half the inhabitants of that great metropolis may still be suffering from the same cause. This is becoming a serious matter, that requires legislative inquiry—at least so far as the public works now constructing are concerned.



Since the whole story is concentrated in the following analysis, no apology is necessary for introducing it to the attention of the medical reader:—

“The following is the result of an actual experiment with water passing through a pipe made exclusively of lead, without a coating of tin or bees-wax. The first examination was made from a sample of water taken from the source or spring-head before it had entered the leaden pipes, when the specific gravity was found to be 1,000.18. The pint, on evaporation to dryness, yielded 2.37 grains of solid matter. The solid contents of an imperial pint were found to be—

	Grains.
Chloride of sodium, - - - - -	1.54
Chloride of magnesia, - - - - -	0.71
Sulphate of lime, - - - - -	0.128
A trace of carbonic acid, - - - - -	—
Grains, - - - - -	2.378
Excess in the course of analysis. - - - - -	.008

The second examination was made of water taken from the leaden pipes, when the specific gravity was found to be 1000.42. Upon a pint of this water being, as in the former experiment, evaporated to dryness, it yielded two grains of solid matter, viz.:—

	Grains
Carbonate of lead, - - - - -	.164
Organic matter, and traces of chlorides of sodium and magnesium, and sulphate of lime, -	.038
Grains, - - - - -	.202
Excess in analysis, - - - - -	.002

It has therefore been calculated that every gallon of the water used after passing through the leaden pipes, contains 1.312 grains of the carbonate of lead. Such water, although it might not destroy life immediately, would so affect the constitution as to cause death at no distant period, should its use be habitually continued.”

*Connecticut Retreat for the Insane.*—John S. Butler, M.D., late Physician of the Institution for the Insane at South Boston, has been elected Medical Superintendent of the Retreat for the Insane at Hartford. This will be gratifying intelligence to the friends of Dr. Butler. He has had that kind of practical experience in the management of lunatics, which is essential to the satisfactory discharge of the responsible duties devolving upon the directing medical officer of such an institution. Dr. Butler's ability to meet the high expectations of the trustees, is not doubted, and it is hoped, therefore, that the appointment may prove as happy as it is popular with those who made this selection from a number of candidates equally respectable.

*Anniversary of the Medical Society.*—It should be kept in recollection by medical gentlemen throughout the Commonwealth, that the annual meeting of the State Society will be held in Boston, on Wednesday, May 31st. This is an occasion that has, for many successive years, brought together a large number of physicians, and the meetings have been alike

agreeable to all. They conduce to harmonious action; establish an acquaintance between members, and give tone and respectability to the Society in the estimation of the community. Medical strangers, even those from the neighboring States, who would enjoy a trip to the city, could not be in Boston at any period better calculated to excite their interest, than on the last Wednesday of May.

*Lectures on Homœopathy.*—J. G. Rosenstein, M.D., who has recently established himself in Boston, gave the first of a proposed series of eight or ten lectures on the subject of homœopathy at the Temple, on Tuesday evening of last week. This was the first public discourse, we believe, ever given in Massachusetts, in favor of the doctrine, or in explanation of its principles, although there have been some against it. No one could object to the manner in which Dr. Rosenstein spoke of non-believers; all objectors were treated with courtesy, however much they might cavil at his course of reasoning. Some parts of the lecture were exceedingly ingenious—and simply as an English composition, would compare with the best specimens of home scholarship. With regard to the ultimate destiny of homœopathy in New England, it is impossible to predict. Almost every one with whom we converse says that it is dying—the day of its influence is past; and yet the infinitesimal practitioners appear to be increasing, if not the number of their patients.

*New Anatomical Model.*—Mr. Gompertz, a medical student, exhibited, at a late meeting of the Medical Society, a specimen of an anatomical model which he had constructed for the purpose of studying anatomy. The model consists of all the soft parts, including even the cutaneous nerves. The basis is the natural skeleton. The muscles are formed of red calico, stuffed to the natural size; the nerves are made of white leather, and the arteries and veins of red and blue calico stuffed. The resemblance to nature is very striking, and from the circumstance of every part being movable, anatomy may be studied with tolerable accuracy, though of course no invention can ever supersede the necessity of actual dissection. The model is ingenious.—*London Lancet.*

TO CORRESPONDENTS.—Dr. Deane's case of muscular spasms, Dr. Blake's case of lesion of the duodenum, Dr. Ellsworth's operation for contraction from burn, Dr. North's Analysis of Congress Spring water, and Dr. Capen's letter to Dr. Blatchford, have been duly received.

MARRIED.—At Woburn, May 16th, Lewis Williams, M.D., of Pomfret, Conn., to Miss Clara C., youngest daughter of the late Col. B. F. Baldwin, Esq., of W.—In Cincinnati, Dr. A. Spottswood Dandridge, of Jefferson Co., Va., to Martha Eliza Pendleton.

DIED.—At New York, after a protracted illness, Daniel L. Peixotto, M.D., formerly president of the Medical Society of New York, 44.

Number of deaths in Boston, for the week ending May 20, 37.—Males, 20; Females, 17. Stillborn, 1. Of consumption, 4—drowned, 3—cachexia, 1—worms, 1—disease of the heart, 1—croup, 1—old age, 1—infantile, 3—decline, 2—hæmorrhage, 1—hooping cough, 2—disease of the lungs, 1—teething, 1—convulsions, 1—marasmus, 1—child-bed, 1—smallpox, 1—brain fever, 1—sudden, 1—scrofula, 1—dropsy on the brain, 1—enlargement of the heart, 1—chronic diarrhœa, 1—decay of nature, 1—unknown, 1.

Under 5 years, 12—between 5 and 20 years, 5—between 20 and 60 years, 15—over 60 years, 5.



*Frequency of Second Attacks of Smallpox.*—M. Serre states, that, from the observation of 1500 cases of smallpox, he has arrived at the conclusion that secondary attacks of smallpox are as common after smallpox itself as after vaccination; that, in fact, vaccination has the simple effect of preventing a first attack of smallpox, being merely of the same efficacy in that respect as an attack of smallpox itself.—*Dublin Journal*.

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*Case of Demonomania.*—A woman about five and twenty, of a strong constitution, and married to a weak and delicate man, became violently hysterical, and was subject to nocturnal visions of a kind most calculated to alarm her. She was fully convinced that a beggar whom she had repulsed one day, and who had threatened to bewitch her, had executed this disastrous project. She thought that she was possessed by the devil, who took various forms, and sometimes sang like a bird, at others uttered mournful sounds, and sometimes piercing cries which frightened her excessively. She remained for several months in her bed, uninfluenced by all the advice given her, and by all the consolations of friendship. The vicar of that place, an enlightened man of a mild and persuasive character, gained an ascendancy over her mind, and succeeded in making her leave her bed, and in persuading her to resume her domestic occupations, and even to dig in the garden, and use out-of-door exercises extremely useful to her body; all followed by the best effects, and by a cure which lasted three years. But the good vicar now died, and was succeeded by an ex-monk, very superstitious, and of very limited capacity. He gave entire belief to the visions of the patient, did not doubt in the least but that she was possessed by the devil, continually repeated exorcisms, and kept her strictly shut up. The consequences of such absurd prejudices are not difficult to foresee.—*Pinel sur l'Aliénation Mentale*.

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*Femoral Hernia.*—At a late meeting of the London Medical Society, Mr. Pilcher, the president, detailed some particulars of a case of femoral hernia, which terminated fatally, and which was observed during life by a very prominent condition of the os pubis, and an exostosis of the upper part of the thigh-bone. The usual symptoms of hernia were unequivocal, and a very careful examination of the parts in which hernia is usually situated was made. No kind of tumor could be detected in the femoral region. After death, however, a small femoral hernia was found, and it was then discovered that the small portion of gut which was strangulated, had lain in a hollow formed by the pubis and exostosis, as mentioned above.—*Lon. Lancet*.

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*Case of Volvulus removed by Injections.*—At the same meeting Mr. Pilcher also related a case of volvulus in a child to which he was called after all the usual remedies for the removal of the disease had been ineffectually employed. Recollecting the beneficial effect of an injection in a case of this kind some years before, he recommended that as much thin gruel as *could* be thrown up into the bowel should be injected by the common injection-syringe. The quantity thrown up was very large, and the bowels were much distended by it. The effect was almost immediate and quite decided, the obstruction gave way, and the patient recovered.—*Ib.*

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TREATMENT OF ERYSIPELAS.

From a Course of Lectures at the Middlesex Hospital, London, by Erasmus Wilson, Esq.,  
Surgeon, &c.

THE treatment of erysipelas offers for our consideration two general indications: the first to allay the constitutional fever; the second to reduce the local inflammation.

The *constitutional* treatment requires, in the first instance, the employment of means which are calculated to remove causes of irritation from the alimentary canal, and determine to the excreting organs; and, in the second place, such remedies as will support the powers of the nervous system and correct that tendency to debility which is so marked a character of erysipelas. To effect these objects you may commence with gentle laxatives, cooling and diaphoretic salines and diluents, together with a spare and unstimulating diet; and as soon as any symptoms of debility appear, have recourse to a more generous diet, tonics, and stimulants. In some instances it may be deemed advisable to commence the treatment with a bleeding from the arm and a purgative dose; but this can only be thought of in the robust and plethoric, and should be conducted with caution. Some practitioners are inclined to favor the use of an emetic at the outset of the disease, following it up with tartarized antimony in small doses until symptoms of debility declare themselves. I have seen this treatment rather largely pursued, and in my opinion the debility which succeeds to it is more severe than when the simple antiphlogistic and tonic practice is employed. Nausea and vomiting form sometimes a troublesome feature in erysipelas, and the emetic plan is calculated to induce this tendency in cases where it might not otherwise occur.

Dr. Robert Williams, whose treatment of erysipelas I regard as judicious and admirable, and well suited to become a standard for your imitation, explains his practice in the following words:—"The mode, then, in which I am in the habit of treating idiopathic erysipelas, whatever may be the part affected, or with whatever symptoms it may be accompanied, is as follows: the patient is put on milk diet, the bowels gently opened, and from four to six ounces of port wine, together with sago, allowed daily. This mode of treatment it is seldom necessary to vary throughout the whole course of the disease; for the delirium, if present,



is generally tranquillized ; if absent, prevented ; the tongue more rarely becomes brown or only continues so for a few hours, while the local disease seldom passes into suppuration or gangrene. In a word, all the symptoms are mitigated, and the course of the disease is shortened. I have pursued this system for several years, and I hardly remember a case in which it has not been successful." Dr. Williams adds to this explanation of his plan of treatment, the detail of several cases, in which the most strikingly good effect resulted from the use of stimulants. In one case which terminated successfully, he increased the quantity of wine to eight ounces, and at the same time administered quinine. The effect of stimulants, selected so as to suit the taste of the patient, is sometimes truly astonishing. I recollect one case in particular in which a very severe attack of erysipelas of the head and face was cured entirely through the agency of some strong ale.

My friend, Dr. Grantham, of Crayford, to whose practice I have had frequent occasion to advert in the course of these lectures, has directed my attention to the importance of ascertaining the state of the urine in erysipelas, and regulating the therapeutic measures accordingly. "I begin," says he, "with large doses of carbonate of ammonia, spirits of ammonia and camphor mixture, as an alkaline mode of treatment, which is generally indicated in the early stage of the inflammation, but towards the sequel of the disease a contrary mode of treatment is necessary, namely, small doses of sulphate of magnesia with full doses of the acidum sulphuricum aromaticum. The diet should be liquid and nutritive, with a full proportion of common salt ; and narcotics should be avoided, unless indicated by an alkaline state of the urine."

For the purpose of diminishing the restlessness and excitability which sometimes attend this disease, some of the family of sedatives may be used with advantage. Mr. Liston recommends and employs the extract of aconite, which possesses the power of reducing the heart's action while it encourages sleep. With this object it is administered in half-grain doses every four hours. After aconite has accomplished its purpose, remarks Mr. Liston, the extract of belladonna, in doses of one sixteenth of a grain, is productive of the most beneficial effects. Hyoscyanus and morphia are two other sedatives which may be employed very beneficially in this disease, timing their use and dose to the existing indications of the case.

Counter-irritation is not to be forgotten when the inflammation attacks parts of great sensibility or importance. Hence, in erysipelas of the head and face, mustard should be used freely to the feet and legs as a revulsive agent.

In the *local* treatment of erysipelas you will find an efficient guide for your practice in the general principles of surgery. The inflamed parts are to be disposed in a favorable position for facilitating venous circulation ; they are to be kept at rest, and the excitability of the cutaneous nerves is to be subdued either by evaporating lotions or fomentations, the temperature being determined by the feelings of the patient. Generally speaking warmth will be preferred, and we can then use the various customary forms of fomentation, of which those of poppy-heads, hops or

camomile flowers, are the best ; or the warm-water dressing, substituting either of the above infusions for plain water. Mr. Grantham observes, " My plan is to relax the skin with hot water or steam fomentations, and after each fomentation to saturate the inflamed surface with hot lard, which is afterwards covered with wool."

Whenever the inflammation is attended with congestion in a high degree, great benefit will be derived from unloading the capillary vessels by means of numerous punctures. This plan has been long practised by Sir Richard Dobson at the Greenwich Hospital, and has been adopted with equal success by other eminent surgeons. Sir Richard Dobson is in the habit of making from ten to fifty punctures, about a quarter of an inch in depth, through the inflamed skin, and repeating the operation as frequently as the congestion recurs, often twice and three times in the day. He observes with regard to this practice, that he never saw it followed by unpleasant consequences, that it is equally applicable to every part of the surface of the body, and that the punctures heal in the course of a few hours. In my own practice I have pursued this plan extensively, and generally with the most satisfactory results ; the tension, pain and swelling of the part are reduced almost under the eye of the operator, and the tissues are placed in a more favorable condition for the promotion of cure. It must be admitted that the remedy is applied to an effect rather than the cause, and consequently that it is neither so universally applicable or necessary as its warmer advocates would lead us to believe.

The nitrate of silver has been much praised as a topical application in erysipelas. Mr. Higginbottom recommended its employment in weak solution, while others have used it in the form of ointment. The action of this remedy may be twofold : firstly, it may constrict the inflamed tissues, and in this manner reduce the congestion more speedily than by the emollient plan ; and, secondly, it may excite a new action in the part. It is with the former intention, I apprehend, that Mr. Higginbottom proposed its employment, and if it could be depended upon for effecting this object it would be an invaluable therapeutic agent ; but this unfortunately is not the case, it is liable to excite increased irritation, and therefore is not to be trusted to. Again, it is only in cases where the inflammation is quite superficial that it can be expected to be beneficial, being inapplicable and useless when the inflammatory action is more deeply seated. The strength of the solution may vary from five to fifteen grains to the ounce of distilled water, the manner of its application being to pencil it freely on the inflamed surface. So far as my experience is concerned, I fear that the caustic solution will disappoint the expectations of the practitioner, and in some few instances I have seen dangerous and extensive sub-cutaneous suppuration follow its use. Nitrate of silver is also used to circumscribe erysipelatous inflammation, and limit it to the spot on which it originally appeared. This is effected by drawing a line with the wetted nitrate, either around the inflamed part or around the member on which it is seated, and it is usually found that this simple operation is successful in preventing the spread of the inflammation. The defensive cordon of nitrate of silver is particularly serviceable in the erratic form of the disease.



The eminent French Surgeon Velpeau, has been engaged during several years in determining by experiment the relative value of the therapeutic agents generally recommended for erysipelas, and in making essays with other medicinal substances. Of all the remedies whose virtues he has tried during the progress of this inquiry, the most efficacious he considers to be sulphate of iron, which may be used either in the form of solution or ointment; the solution containing an ounce of the salt dissolved in a pint of water, and the ointment one drachm to the ounce of lard. A speedy improvement follows the application of this medicine, and in a day or two the inflammation subsides and disappears.

The sub-varieties of erysipelas have each their corresponding variation of management as respects their peculiarities, the general principle of treatment being the same in all. Thus, for example, the wandering disposition of the erratic variety is to be kept in check by the cordon of nitrate of silver, and if this should be insufficient it may possibly be fixed by the application of a blister. It is by means of a blister and mustard plasters, again, that we endeavor to recal the metastatic form when it has disappeared. In the phlyctenoid variety the vesicles should be punctured, and their contents collected by a sponge, while the epidermis is carefully preserved entire. This mode of managing the blisters is greatly superior to the old plan of dusting the surface with absorbent powders, which cannot fail to irritate. In the oedematous form of erysipelas the advantages of position are especially manifest; we may aid the return of the fluids, also, most efficiently by a bandage, and frequently puncturing the skin previously to the application of a bandage will be attended with benefit. Erysipelas of the scalp is generally of the phlegmonoid character, and is best relieved by a free incision carried down to the bone.

*Treatment of Erysipelas Phlegmonodes.*—As the phlegmonoid variety of erysipelas is more violent in its attack than the simple kind, the treatment required must be more active, its precise nature being determined by the strength of constitution of the patient. When he is robust and strong the inflammatory action may be suddenly checked by a free bleeding from the arm, but you must be wary in your general abstraction of blood. The period will come when tonics will be needed, and the necessity for these remedies will be greater or less in proportion to your judgment in general bleeding. Cases continually occur in which general bleeding would be highly improper, and, as far as I have seen, these cases are more frequent than those of an opposite kind. Under all circumstances the alimentary canal should be relieved of its contents and stimulated by an active purgative, repeated from time to time according to the circumstances of the case, and seconded by the usual antiphlogistic regimen. For extreme pain and sleeplessness you may have recourse to sedatives.

In pursuing the local treatment of the disease you must be guided by the general principles of management of inflammation; the part affected must be placed in a favorable position for the return of the current of venous blood; it must be kept at rest; leeches in numbers proportioned to the strength of the patient must be applied, and the bleeding encour-

raged on their removal by warm fomentations or warm water dressing. When these measures are pursued actively at the onset of the disease, the inflammation may be checked, and may terminate in resolution. But when, as most frequently happens, the inflammatory action continues, one or more incisions must be made through the inflamed part. The intention of these incisions is to give exit to any pus which may have formed beneath the integument or fasciæ; hence they must be sufficiently deep to divide the latter, and of sufficient extent, say two or three inches long, to afford a free passage to the exterior. The incisions are also valuable in relieving the congestion of the capillaries, and permitting these vessels to unload themselves of their blood; they are generally followed by considerable relief to the pain, and the swelling and tension subside. If the inflammation has existed sufficiently long to destroy the vitality of the areolar tissue and fasciæ, flakes of these tissues escape through the incisions mingled with pus and blood. After the incisions are made, and the deep parts freed by this means from all chance of collection and burrowing of matter, the parts are to be kept fomented until the inflammation declines and the tissues return to their healthy state. Any swelling or œdema which may remain after the healing of the incisions may be removed by the application of a bandage, and the movements of the part may be restored by cold affusion and gentle frictions on the surface.—*London Lancet.*

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#### TREATMENT OF CONSUMPTION BY NAPHTHA.

By John Hastings, M.D., Physician to the Blenheim-street Free Dispensary, London.

CONSIDERING the fatal nature of tuberculous consumption, and the frequency of its occurrence, it is not surprising that new remedies and new systems of treatment should, from time to time, be brought under the notice of the profession. Almost every organic or inorganic matter, in an endless round of combinations, has been used with the hope of checking this scourge to our race. Yet, before we abandon the subject as hopeless, let us persevere until we have exhausted all untried means we possess, as there are not wanting individuals who believe that treatment, yet to be investigated, will bring this disease under the control of medicine, and that which is now regarded as a fatal affection will be looked upon with no more apprehension than bronchitis or dyspepsia.

I am led to these reflections from having employed, in this disease, an agent, viz., naphtha, I believe unknown as a therapeutical one; it certainly has never been previously used in phthisis. Its effects have been so encouraging that I hasten to lay before your readers some cases where naphtha was eminently beneficial, in order that it may be more extensively tested. Probably, few persons, on reading the cases, will have the same faith in its efficacy as myself, but I venture to hope they will be sufficiently striking to induce some to try its power.

The following cases are selected from forty-one others of tuberculous consumption, as presumed cures of this affection; they are not the only



ones amongst them which have terminated in this favorable manner, although several of the above number have come under treatment so recently that sufficient time has not elapsed to afford an opportunity for great improvement, whilst others, in the third stage, if curable at all, require a longer period for treatment than they have yet been subjected to. But it may be stated that these cases are a fair sample of those treated in the same stage of the disease.

The sphere of life my patients moved in was the least favorable, and afforded the least hope for recovery, and they were treated, also, at the most unfavorable season of the year.

I shall offer no theory as to the probable way in which this therapeutical agent operates, intending to bring the subject before the profession in another form, when a fuller opportunity will be afforded for its examination. As inhalation has been employed in some of the cases, it will, perhaps, not be out of place to mention some facts bearing particularly on this point. Naphtha, it is well known, volatilizes at a low temperature, hence it is highly fitted for inhaling, and I was further induced to employ it for this purpose from the following experiments :—

*Experiment 1st.*—A little naphtha was put into a bent tube of this form ( J ), some expectorated matter poured upon it, which had been previously examined by the microscope, and found rich in globules of tubercle, gentle heat was applied, and the naphtha driven off; the superimposed secretion was then examined by the microscope, and exhibited only an amorphous appearance.

*Experiment 2d.*—Some tuberculous secretion, highly charged with globules of tubercle, was brought under the field of the microscope, a drop of naphtha was added to it, when an immediate disappearance of the globules ensued, their place being occupied with an amorphous production similar to that seen in the first experiment. This I have frequently repeated, and invariably with the same result.

*Experiment 3d.*—Some tuberculous secretion of the lungs was put into a portion of the duodenum of a child, and placed over a wide-mouthed bottle which contained a small quantity of naphtha, between which and the intestine a clear space of three inches remained; a spirit-lamp was placed under the bottle, and a very gentle heat continued until slight ebullition took place. This was continued for an hour; the contents were then removed from the sac and examined with the microscope; and they presented the same character as noticed in the previous experiments.

A matter which I regard as of the highest importance, is the kind of naphtha employed; that procured from coal-tar appears to be very irritating to the lungs, heart and stomach, and sometimes causes severe headache. In several cases I have witnessed all the good effects of wood-naphtha disappear after two or three doses of coal-naphtha, and some days elapse before the previous condition could be realized; and in a case now under treatment, although three weeks since taking the coal-naphtha, the patient has not yet recovered the shock the system received. I am at present unable to state in what the difference consists; but the wood-naphtha has a much less pungent taste and smell than that procured from mineral productions.

Several of my medical friends intend using it, and one, who has employed it in two cases, Mr. Wilson, of Eccleston square, Pimlico, reports as favorably as myself of its virtues in the disease in question.

**CASE. I.**—Charles Taylor, copper-plate printer, ætat. 18, admitted at the Blenheim-street Free Dispensary, October 13, 1842. He is a badly-developed subject, with a dingy complexion; has suffered from cough and difficulty of breathing for several years; has been often under medical treatment; is now much worse than usual, and the cough is attended with considerable expectoration; appetite tolerably good; bowels regular; pulse a little accelerated; muscular efforts, such as walking and going up stairs, are attended with difficulty of breathing; he has, of late, lost flesh considerably. The movements of the superior portion of the chest are confined, particularly on the right side, where the sound from percussion is very dull, and the respiratory murmur, in places, absent. On the left side, anteriorly and superiorly, percussion yields a better sound than on the right side; the respiratory murmur is rough, and inspiration is performed with jerks. Sounds of the heart are very distinct in both sub-clavicular regions. His mother died, shortly after his birth, from consumption, and he has since lost a brother from the same disease. From this period until December 3, he was put under the influence of hydrocyanic acid, preparations of iodine, &c., without any appreciable improvement, when the treatment by naphtha was commenced.

**R.** Rectified naphtha, an ounce; ten drops to be taken in water, three times daily.

*January 5.*—Percussion yields a clearer sound on the right side; respiratory murmur is distinct over the same region; jerking inspiration continues. Take twenty drops of naphtha three times a day.

**12.**—Jerking inspiration wholly disappeared; appetite good; bowels relaxed, attributes it to pork he had eaten the previous day, which, he states, not uncommonly has that effect. Repeat the drops.

**17.**—Much the same; complains of a sore throat. Repeat the drops.

**19.**—Soreness of throat disappeared; cough and expectoration diminished; sound on percussion clearer on the right side; respiratory murmur rough towards the acromial end of the clavicle on the same side. Continue the drops.

*February 7.*—Feels much stronger; complains that the medicine produces nausea sometimes.

**11.**—Much the same. Continue the drops. Inhale in the following manner:—Fill a teapot half full with boiling water, add to this a teaspoonful of naphtha, and as it passes out of the spout, draw it into the lungs.

*March 16.*—Thinks the inhalation does him good; has very little cough, and the expectoration is diminished; difficulty of breathing much less; respiratory murmur a little rough on the right side; percussion near the acromial end of the clavicle gives a rather dull sound. Continue the drops and inhalation.

*April 6.*—Cough wholly disappeared, as well as difficulty of breathing; has a little expectoration; is gaining flesh and strength; percussion



yields a sound on the right side hardly equal to that of the left ; respiratory murmur in one spot is a little rough ; heart-sounds scarcely audible in the clavicular regions.

In this case the sputa was examined by the microscope, and besides containing a considerable quantity of the globules of tubercle, a cryptogamic plant was found, similar to that first noticed by my friend Dr. John Hughes Bennett, of Edinburgh ; and I may remark that I have met with the same plant in every secretion of the lungs examined with the microscope when those organs have been affected with softened tubercle, although it may be questioned if this case had reached the stage of softening.—*Ibid.*

[We have not room, this week, for the five other cases reported by Dr. Hastings.]

#### EXTRAORDINARY CASE OF SPASMS OF THE VOLUNTARY MUSCLES.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The following facts, communicated for their pathological interest, are taken from the case of Miss Edwards, of Bernardstown, whose age is 31. She is represented never to have enjoyed perfectly good health ; but at the age of 18 she was subject to repeated attacks of cerebral disease, which was remarkable for obstinate violence. It was manifested by excruciating pain in the frontal and temporal regions, intolerance of light, derangement of the digestive functions, and an albuminous secretion of urine. The paroxysms of pain yielded only to severe bloodletting. In the summer of 1831 these attacks were extremely frequent, and inexpressibly distressing, lasting several hours, and terminating in lethargy, or perhaps more properly syncope, or a state of exhaustion simulating death. She was sometimes bled at intervals of four or five days, but usually in two or three weeks. Finally, in the autumn of that year, the severity of the disease subsided, when nothing notable occurred for several years.

In the year 1836 she received a severe fall upon the lumbar or dorsal region of the spine, and soon after this accident a new train of phenomena was developed. Upon pricking a finger the whole system of voluntary muscles was thrown into violent tetanic spasms, attended with the utmost degree of pain. The slightest irritation excited these paroxysms, which became so powerful as to throw the body into all varieties of attitude, changed instantly from one to another. During the interval between these transformations the spasmodic contractions were permanent. The invasions were so sudden and powerful as to throw her from the bed with great force in spite of precautionary measures, and even various joints were thereby dislocated, such as the shoulder, elbow and thumb. In one of her sallies from the bed the hip-joint was so much injured as to lead to the conjecture of dislocation or fracture, but the powerful and permanent contractions of the muscles of the leg prevented satisfactory examination. The duration of the paroxysms was from thirty minutes to half a day,

when the limbs would be thrown about and the extremities approximated in every possible direction, but the positions were changed or reversed instantaneously. In one of her summersets upon the floor she caught the bed-ropes with a convulsive grasp that could not be relaxed, and they were cut, but new portions were suddenly seized, and in this way the cords were literally cut to pieces. She caught an extremity of the cord in the teeth, and held it so for the space of an hour. Anything coming within grasp was held in this manner—watch chains, garments, &c. At one time her physician was obliged to leave his coat behind, after waiting until his patience was exhausted. Such was the character of these spasms, they were confined to the muscles of voluntary motion, distressing to be witnessed, and inexpressibly distressing to endure, for the mind lost none of its consciousness.

Towards the close of this year a singular change occurred, resulting from the administration of belladonna. For some time there alternated with the spasms a state of total prostration of the vital and physical energies, the condition of spasm assuming that of palsy. She had then not the least power over the voluntary muscles, and at particular times she would appear to be in *articulo mortis*, and this state of things might continue a week, during which interval the mental perceptions were unobscured. So total was the prostration that she lay like an image of death, all the time overwhelmed with a sense of impending dissolution. But after a while this aspect of the case disappeared with the discontinuance of the belladonna, and she gradually fell back upon the former condition of her disease, which has ever since baffled all exertions to subdue. She is yet the victim of an unconquerable malady, the violence of which is only controlled by the enormous use of remedies denominated anti-spasmodic. This is the most singular part of her story. It may seem incredible, but she is in the daily habit of taking three ounces of the saturated tincture of opium, and a like quantity of sulphuric ether—and it is only by such excessive medication that the muscular contractions are subjugated; one hundred and thirty-seven pounds of laudanum and ether, or seventeen gallons, in a year!\* And it is among the remarkable features of this case, that this enormous quantity of ether and opium does not sensibly interfere with the due performance of the vital functions. There seems not to be the slightest derangement of the cerebral, gastric and hepatic organs from the exhibition of these remedies. Her hours of sleep are regular, and most of the vital performances are executed with fidelity. The menstrual function is not suppressed, but irregular, and occurring at intervals of one to several months. The intellect is unimpaired. The

\* The exact amount of these remedies for four years is as follows:—In 1842, laudanum 72 lbs., ether 56 lbs. 1841, laudanum 58 1-2 lbs., ether 55 lbs. 1840, laudanum 66 1-2 lbs., ether 53 lbs. 1839, laudanum 45 1-2 lbs., ether 38 lbs. Mr. Curling, in his excellent work on Tetanus, quotes a case where 99 ounces, 7 drachms of laudanum were given in little more than a month, and for 11 days the quantity was 3 ounces, 6 drachms daily, which is the monthly average of Miss E. exclusive of ether. He also quotes from Begin's Therapeutics, that Mr. Blaisel administered in ten days 4 lbs., 7 ounces, 6 drachms of laudanum, and 6 ounces, 4 drachms, and 45 grains of solid opium. This was for tetanus. Mr. Abernethy, however, upon opening the stomach of a patient who died of tetanus after taking largely of opium, found 39 drachms of this substance undissolved; and Mr. Curling, in two fatal cases of tetanus, found in each patient after death several drachms of laudanum and opiate pills unchanged.



respiratory office is well performed, except at the times of violent spasms, when there is sometimes a dreadful sensation of constriction, and the circulatory system is also true in its performance. The excretory as well as secretory systems in general are healthful, the exhalations from the skin, however, being too profuse. It is singular that purgatives prove to be excessive irritants, causing intense cramp, and the necessary dejections are procured by the daily employment of enema.

Whether this disease be a manifestation of tetanus, hysteria or chorea, I undertake not to say, for I am merely stating facts. Being, however, displayed in the motory system of muscles, we must presume that although the muscular aberrations are functional, the disease in the higher organ may be structural, or that permanent pressure is made upon some portion of its substance. There is a great deal of tenderness in the lower cervical and upper dorsal vertebræ, the application of a blister upon which fails not to throw the body into innumerable postures. The patient does not manifest an unusual degree of nervous irritability; so far as relates to the mental office, she is cheerful and contented, and views her own case with composure and a proper degree of real philosophy.

Greenfield, May 18, 1843.

JAMES DEANE.

#### LESION OF THE DUODENUM.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—The following case was one of great interest to me. Should you think it worth a place in your Journal, it may be found to possess interest for some of your readers.

Mr. A. was a spare, hard-working man, aged 50. Till within a few years he used ardent spirits habitually and largely. From the account of his family he had been subject to severe pains of a spasmodic character, in the epigastrium; his health had been failing for some months. There were biliary derangements, variable appetite, with emaciation. I saw him for the first time April 27, 1843, at 8 o'clock, P. M. About 6 o'clock, P. M. of that day, while engaged in a saw mill, he was suddenly seized with violent pain in epigastrium. He was carried to the house, placed on the bed, where I found him, with his body bent forward, thighs flexed on abdomen; respiration short, hurried, *painful, thoracic*; pulse 80, moderately full and compressible; surface cold and bathed in perspiration. The seat of the pain extended from the pit of the stomach to the right, and could be covered by the palm. The pain was aggravated a *little* on *slight* pressure, and there was *slight* tenderness over abdomen; bowels natural; urine scanty, high colored; tongue coated yellow; excessive thirst for cold drinks. The pain was continuous, with frequent exasperations. V. S. in recumbent position to incipient syncope. Thirty-six ounces were taken. While the blood was flowing he expressed great relief from pain, and freedom in respiration. The relief was momentary; the symptoms soon were as bad as ever. But now *slight* pressure gave *relief*; *firm* pressure, pain. There were occasional vomitings. The

symptoms to me indicated calculus in the ducts, with attending inflammation of some adjoining part. Twenty-four grains of Dover's powder were given, and enemata of warm water. In one hour twelve grains of the opiate, and by 2 o'clock in the morning he had taken, in addition, one grain of morphia, three teaspoonsful of laudanum, without the slightest alleviation of any symptom. Blister to abdomen. Mucilages for drink. The extremities could not be kept warm, though sinapisms, frictions and heat were assiduously applied.

At 8 o'clock in the morning an experienced practitioner arrived. He said the symptoms were precisely similar to a case he had, when a calculus, 12 lines by 8, came away by stool. Between 8 and 9 o'clock the pain in great degree left the epigastrium and spread gradually over the whole abdomen. Pulse 120, feeble. I attributed this change to rupture of gall-bladder and effusion of bile into cavity of abdomen. He slept three hours, the effect of the opium. When awake he complained of much pain, but only in abdomen. There was constant desire to go to stool, but ineffectual. Pulse grew quicker, fainter, breathing more hurried, and he died at 4 o'clock, P. M., just twenty-two hours from the attack.

With difficulty I obtained permission to make an examination, which took place the next morning. The abdomen and intestines were distended with gas. There were two quarts of fluid, colored with bile, and contents of small intestines in cavity of the peritoneum. The whole peritoneum lining the walls and covering the viscera was intensely inflamed. The duodenum was perforated between the pyloric orifice and the mouth of the gall ducts. The duodenum, internal coat, was injected and completely disorganized. The gall bladder was distended with bile of the appearance and consistence of molasses. There was no inflammation or morbid appearance in gall bladder or ducts. A further examination was not permitted.

Such is the history of the case. Can we account for the kind and degree of the pain in any other way than by spasm of the gall ducts, excited and kept up by the duodenal inflammation? And would perforation and disorganization have taken place so soon without pre-existing disease of the duodenum?

J. M. BLAKE, M.D.

*Harrison, Me., May 1, 1843.*

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#### RECENT ANALYSIS OF CONGRESS SPRING WATER.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—From the general interest manifested by the medical gentlemen to whom I had the pleasure to be introduced in my late visit to Boston, respecting the Saratoga Springs, I cannot doubt you would oblige your readers, as you certainly would myself, by publishing the following analysis of the Old Congress Spring. It has just been completed by J. R. Chilton, M.D., of New York, for a new edition of my book on the



"Saratoga Waters," a few copies of which will soon be for sale in your city. One gallon, or 231 cubic inches, contains—

	grs.
Chloride of sodium, - - - -	363.829
Carbonate of soda, - - - -	7.200
" of lime, - - - -	86.143
" of magnesia, - - - -	78.621
" of iron, - - - -	.841
Sulphate of soda, - - - -	.651
Iodide of sodium and bromide of potassium,	5.920
Silica, - - - -	.472
Alumina, - - - -	.321
<hr/>	
Grains, - - - -	549.998

Carbonic acid, 284.65 cubic inches,  
Atmospheric air, 5.41

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290.06 cubic inches.

Since this celebrated Spring has had its old and leaky curb taken up, been thoroughly cleansed, and had a new and impervious curb adjusted so as to exclude the fresh water, it has fully equalled all its former excellence. In two respects it has positively improved since the former analysis:—1st, in its containing almost six grains of the alkaline bromide and iodide instead of three and a half; and, 2d, in its containing less than one grain of iron instead of five grains, the former amount.

The very great reputation and amount of employment of the iodides, gained, too, in that gradual manner which forbodes their permanent hold on the confidence of the profession, are now generally well known; and the bromide of potassium has been regularly enrolled for seven years among the standard medicines of the London Pharmacopœia. It is rapidly taking its place among our favorite remedies, and its existence in the Congress water will not escape the estimation of physicians who are exploring the methods of removing chronic disease. But the wonderful reduction of iron from five grains to less than one, will be perceived at once to be a most important improvement in this water in its application to chronic disorders of an inflammatory or entonic tendency. This reduction has probably been taking place for years; and has been suspected by medical men. It is truly agreeable to learn from a most accurate analyst that, in the midst of our strong chalybeate fountains, we have a saline, gaseous and highly aperient spring, with scarcely a grain of iron to the gallon.

One word, before I close, respecting the mode of conveyance from Boston to Albany and Saratoga. After a leisure morning and breakfast in Boston, I entered, on the 13th instant, a long, beautiful car, and at half past 6, P. M., was walking in the streets of Albany. It seemed, indeed, more a matter of the imagination than of reality, even after the two-hundred-mile flight was over. Add to this, the whole of this fine *lounging* room was supported on four columns of compressed air, rendering its motions so

easy that we could read very fine print as easily as in a private room. In a small apartment in the rear was a water closet very neatly fitted up. In a car in the rear was an open room with long seats and hair cushions, on which any sick or injured person could be laid and be kept perfectly retired. The practical use of this apartment was tested by a man whom we took up in a state of stupor, which he incurred by rashly jumping from the cars while under a motion of twenty-five miles an hour. The intelligent and humane conductor took the whole train back, probably three miles; and I thought I could perceive from his determined manner that there was a standing order from the company to their subordinates to neglect no one who might receive an injury while under their care, although wholly through the rashness of the individual. I only add, that the gentlemen who accompanied me were the next day quaffing at our fountains before 12 o'clock at noon. I remain yours very truly, M. L. NORTH.  
*Saratoga Springs, May 15, 1843.*

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## MEDICAL PRACTICE IN THE SOUTH WEST.

[Communicated for the Boston Medical and Surgical Journal.—Concluded from page 320.]

THE necessary expenditure incident to the medical practitioner is reduced, at the present time, to about one half what it was a few years since. Heretofore one thousand dollars annually for a single man, was not thought extravagant, and in fact it was quite little enough; consequently a man with a family would necessarily expend double that amount. The great staple commodity of the South having become so reduced in price, everything else has declined and is still going down. A practice worth two thousand dollars will keep one most of the time employed, and may be considered as a good one, though a person settled in business, where the population is large, if he be popular, may charge from six to eight thousand dollars annually; but this will be attended with constant riding and toil, such as but few constitutions can stand for any great length of time.

Many young graduates have come to this part of the country with the idea they could make a fortune in a few years, that they could at once step into a lucrative practice, that physicians were greatly needed, and that practice was waiting to receive them. But, alas! they have been badly disappointed—mistaken, perhaps, when it was too late for their good. They little knew or thought that there were twice the number of doctors here that the community needed; that years of experience and toil were as necessary here to secure confidence, influence and business, as in the N. E. States; that competition in practice was carried to a much greater extent, as there is a greater supply of medical practitioners. These false notions have arisen in consequence of a fortunate few proving exceptions to the above remarks. Very few fortunes have been made by the practice of medicine, though it may often have served as a nucleus around which to accumulate property by means of credit and speculation; but these are too often carried away by the changes and



nishaps of fortune. I consider a good N. England practice quite as good as the same in Mississippi; charges may be less, but expenses are less and pay better. A poor or meagre practice is a poor business anywhere, and particularly so in this region, where the credit system prevails.

A very large proportion of practice has to be performed on horseback, as the roads would not admit of any other mode of conveyance. In the older parts of the country, and in the vicinity of towns, the roads are, during the summer season, quite good, and most of the practice can be done in a vehicle of some sort. From the loose nature of the soil, the roads soon become heavy with mud during rainy weather and during the winter season, and little or no travel is performed but on horseback. The sparse population in many places, and consequently the distance to be passed over, makes it impossible to visit but few patients daily, or but few large plantations, where, perhaps, you may have quite a number of cases at the same time. It is not uncommon for a physician to extend his regular practice ten or twelve miles in every direction. I mean by regular practice, being the family physician and adviser, which is entirely different from being called in consultation with neighboring physicians.

We have truly a delightful climate, and the practitioner is exempt from the vicissitudes and inconveniences of colder climes; but then there is a great drawback to be found in being compelled to swim bridgeless streams, sometimes lost in the woods, and without house or protection from the inclemencies of the weather. Such obstacles, however, must inevitably be met and overcome in all newly-settled places. This is truly a land of fruits and flowers, and the products of nature abound in great profusion and can be obtained easily by a little "sweat of the brow."

I look forward to the time when the medical profession will be exalted in the public mind; when its benign power and influence will be more fully realized and felt; when all its members will strive to excel in the knowledge of their profession, as they now strive to secure practice and wealth; when all competition will be of a noble, exalted and praiseworthy kind; when they will stand on their true merits, and not on the false foundation of a mistaken public opinion, as is too often the case. Then will practice be more settled and fixed, and the community see and appreciate our labors. Then the physician may not fear that he will be wafted along on the current of popular opinion this year, and neglected in obscurity the next. We may, perhaps, hope in vain for these happy results, but while we hope we should act.

*Woodville, Mi., May 1st, 1843.*

C. S. MAGOUN.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

MAY 31, 1843.

*Homœopathy in Western New York.*—At a late annual meeting of the Munroe Co. Medical Society, the subject of homœopathy came up for

discussion, the following account of which is taken from the published report of the transactions of the day.

"A committee having been appointed to receive applications for membership, their attention was called to the fact that the Supreme Court had decided that *homœopathy is quackery*, and that a county medical society would not be required to admit an applicant 'where it clearly appears that if admitted, he would be immediately liable to expulsion for gross ignorance or misconduct.'—See 1 Hill, p. 664 *et seq.*

"Two resolutions were then offered on the subject of homœopathy, the first of which, after several propositions for amendment, was passed in the following form:—

"*Resolved*, That in the opinion of this Society, the principles and practice of homœopathy as set forth by Hahnemann and his followers, are opposed to the known and established principles of medical science, based upon careful observed facts, are utterly unworthy the confidence of an enlightened profession, and should be regarded and treated by its members as a species of quackery, for which they can entertain no honorable fellowship."

"After some debate, the second resolution was passed in the following form:—

"*Resolved*, That any person or persons being members of this Society, and who now profess and practise on the principles of homœopathy, which imply a repudiation of the long-established principles of this Society, have justly forfeited all claims to its sympathy or protection, and are no longer worthy of honorable membership."

"Dr. Armstrong read an article containing the testimony of an English surgeon in relation to the state of homœopathy in Europe, and especially in Leipsic, esteemed the head quarters of the doctrine. The Society requested the doctor to furnish a copy for preservation."

Right in the face of all this, however, without the fear of law or the denunciations of the Society, a homœopathic dispensary is advertised as opened in Rochester, the place of meeting of the Society, by Dr. A. P. Biegler, for administering medicine and advice gratuitously to the poor.

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*Curability of Pulmonary Consumption.\**—Here is the production of a thinking man, and one who is evidently ambitious to benefit his race. He does nothing by supposition, but strikes off boldly in the title page with "*a demonstration of the curability of pulmonary consumption in all its stages.*" From that part of the introduction where the reader is notified of the appalling truth that not less than a fifth part of the human race are carried off by consumption, we eagerly turn to the directions for curing the fearful malady. But, alas! all are not so sanguine as to expect Dr. M'Dowell has made any discoveries beyond his cotemporaries, although we are happy to accord to him the meed of praise for benevolence of design and perseverance in a noble undertaking. Like the philosopher's stone, however, a cure for consumption will continue, we apprehend, to be a desideratum for ages yet to come. The physician who

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\* A Demonstration of the Curability of Pulmonary Consumption, in all its Stages, comprising an inquiry into the nature, causes, symptoms, treatment and prevention of tuberculous diseases in general. By Wm. A. M'Dowell, M.D. Louisville, Ky.: Prentice & Weissinger. 8vo., pp. 269. 1843.



succeeds in preventing the development of tubercles in the lungs, will deserve the thanks of the whole world. Medicine has never yet accomplished it, neither has any system of regimen, nor change of climate, had any other than a temporary modifying influence, and death has ultimately asserted his power over human agencies.

We are gratified with Dr. M'Dowell's energy—his modest yet firm method of giving his opinions. He is a close observer, a careful practitioner, and an inquiring medical philosopher. We have thus spoken in general terms, proposing to subject the work to a closer analysis hereafter. In the mean time it would be ungenerous not to express a hope that the book may be extensively circulated among physicians in this consumptive region of country, where the victims of pulmonary disease are painfully numerous at all seasons.

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*Liebig's Animal Chemistry.*—Mr. Owen, of Cambridge, has brought out a second edition, revised and greatly improved, of this celebrated work, under the critical supervision of its American editor, Dr. Webster, of the University. By looking at pages 39, 259 and 271, the reader will notice that important additions have been made—showing not only the indefatigable perseverance of the editor in the collection of facts, but his happy tact in arranging them so as to produce exact harmony. To our medical friends it seems almost needless to recommend this work, since its reputation has already reached all lands. Those, however, who have not purchased, and who intend adding it to their libraries, should remember that the last edition is considered superior to the first.

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*Dr. McClintock's Introductory.*—Although a copy has been on hand several weeks, it has not been convenient to give it proper attention. The author is president of the Castleton Medical College, and also a professor in the same institution. As usual, in his written discourses, there is much practical good sense in a few words. A writer in the Albany Daily Advertiser says of it—"it is one of the most beautiful epitomes of the science of anatomy and physiology, &c., and bears the impress of an experienced and practical hand."

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*The Profession of Medicine.*—Dr. Robert M. Bird, Professor of Materia Medica and Institutes of Medicine in the Pennsylvania Medical College, delivered the valedictory address to the graduates of the present season. The address has been published, and we take from it the following extracts.

"The profession of medicine is, in its own nature, there can be little doubt, one of the noblest which man can follow; but men have never, except in mere theory—they have never *practically*—admitted its claims to this high distinction. It is easy to concede the superior *merit* of those who toil among their fellows only to do good,—to lessen the sufferings with which nature oppresses man, and the miseries with which man afflicts himself; but to concede to them the *place* of merit is another thing; and the age or country has never yet been known, in which medical men have enjoyed that real regard and respect to which their character entitles them. They have always occupied—they have been compelled, and they have submitted, to occupy—a comparatively low rank; and even in our

own country, in the free America, in which talent and ambition so readily secure their meed of reward, medicine is far from being respected as the most deserving and honorable of professions. I do not say this of physicians, but of the general profession ; I do not say there is any want of respect to individual practitioners, who may secure each for himself, according to his own particular deserts, as high a place in the esteem and reverence of communities as any ; witness the example of Rush and Physick, in our own land, and the many great medical men in Europe, who so often render the names of physician and surgeon illustrious ; I speak of the collective body of medical men, who, in their mere professional capacity, do not enjoy a degree of estimation so great as that awarded to many other professions.

"Nor is this surprising ; it is, perhaps, even inevitable. It is the nature of man, however, in his calmer moments of reflection, he may look up to virtue and wisdom as the only earthly divinities worthy of his adoration, because the only beneficent ones ; it is his nature to bend down in homage to the darker spirits which inspire him with dread. *Power* which can grind him to the dust ; and *wealth*, which buys power, or which *is* power, are the true gods of his idolatry. And it is under the influence of fear, that he has been taught to measure the degree of respect in which he holds the occupations of men ; thinking meanly or indifferently of those which do him good, and highly or reverentially of those which do him evil ; just as savages neglect the good spirits who will not harm them, to bestow all their worship on the malignant fiends who have the power to injure."

"How could it, indeed, be otherwise ? The physician wins neither power nor treasure ; and his sphere of usefulness is one that admits no observers and witnesses, and from which is never heard the voice of praise and admiration. The warrior sweeps over the battle-field ; the lawyer, the priest, and the statesman, find ostentatious theatres of action among crowds, who admire and are swayed by the charm of speech ; while the physician toils in the obscurity of the sick-room, wrestling darkly with disease and death, and achieving victories, of the merits of which even those most interested in them are ignorant. No wonder that we can look back upon ages, opening wider fields than now to the ambitious, when every really useful occupation was held disgraceful, and medicine was an art open only to the aspirations of *slaves*. We might admire, that, in the progress of reason and civilization, it has reached the point in which it is allowed to be *respectable*."

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*Works on Medicine by Native Authors.*—Mr. Ticknor, a well-known book-seller of this city, contemplates, we understand, making arrangements, in the course of the season, for publishing medical works, with a degree of activity that may be gratifying to the medical public. He fully intends to offer substantial encouragement to our own authors, with an expectation of bringing out works of interest and sterling value, that may otherwise remain in manuscript for years to come. This intelligence will be gratifying to those who may have met with disappointments in soliciting a publisher in times past.



*Mesmerism in Baltimore.*—Some of our readers in this city and vicinity will recollect the lectures and experiments in Mesmerism last winter by the Rev. Mr. Dods. He has lately been repeating these in Baltimore, where they have had a *déroulement* which, one would suppose, would prevent their repetition anywhere else. Principally through the praiseworthy exertions of Dr. C. A. Harris, assisted by Professors D. M. Reese and T. E. Bond, a public exhibition was obtained and carried through. The following extract from the published proceedings of the last exhibition is all we have room for. The whole has turned out just as the matter does everywhere else, when carefully investigated.

"After the colored boy, Jacob, had been kept in a state of somnambulism in the presence of the audience, for more than an hour—had been attracted by Mr. Jeter, his magnetizer, in his limbs and whole person; rising to his feet at his will—after he had responded to the touch of the phrenological bumps of combativeness, mirthfulness, benevolence, tune, &c., until Mr. Jeter and his friend, Mr. Dods, exhibited him as a triumphant instance of true Mesmerism, and a proof of the science—Professor Bond took him by the hand, being first put in magnetic communication with him in the usual way, and leading him to the front of the platform, he said—'Gentlemen of the Committee, and ladies and gentlemen of the audience, *you are all humbugged*,' and then asked Jacob if he had been asleep, and he cried, with a loud voice, 'No!' and indulged in a hearty laugh, amidst the cheers of the rational portion of the audience, who had not been gulled out of their brains!

"The abashed and confounded magnetizers made a sad attempt to retreat, and the 'corporal's guard' left among their followers were sadly chopp-fallen. Mr. Jeter proclaimed his continued adhesion to the faith of the delectable science, and clamored loudly of the trick that had been played upon him and his friends. So also Mr. Dods, who seemed choked by his emotions, and appealed to the audience, as still deserving their sympathy, for he had been a great anti-abolitionist at the North. At this there was a general laugh, when he was addressed by a gentleman in the crowd, who offered to show greater miracles than Mr. Dods and Mr. Jeter, and Dr. Annan, in the science of humbuggery, and said that he would humbug them at a public exhibition, if they would agree that the receipts should go to the poor.

"Professor Reese then made the closing address. He stated that this boy Jacob had been one of the few chosen subjects selected by Mr. Jeter and Mr. Dods out of some twenty-five persons who had been presented in the morning for the purpose. He said that these gentlemen had twice during the day experimented with him to their satisfaction, thought him very 'impressible,' and as the audience had seen and heard, they had urged his present marvels, as proof of their science, and could not conceal their fancied triumph. He had told the gentlemen in the morning that Jacob was deceiving them, but they knew better, and were sure of his being a genuine somnambulist. Indeed, the audience would bear witness that Jacob had out-Heroded Herod, and had shown himself a more successful somnambulist than had yet been exhibited. It was enough that he and his colleagues had by this case demonstrated the truth of their position that all the marvels of Mesmerism could thus be feigned, and they claimed that a more perfect and conclusive experiment could not be desired. '*A single fact was worth a thousand arguments.*'"

*Medical Miscellany.*—Assistant Surgeon Dr. J. S. Whittle, directed to the Frigate Brandywine, is now ordered to the Naval Hospital, Norfolk. Assistant Surgeon Dr. A. F. Lawyer, to go on board the Brandywine; and Dr. Samuel Jackson, Surgeon, has leave of absence three months.—Dr. David Meredith Reese has resigned his professorship of Theory and Practice of Physic in the Castleton Medical College.—Dr. Tilghman, of Baltimore, is surgeon of the Rocky-mountain expedition, which left St. Louis on the 4th of May.—The poor patients of the Charter-House Infirmary for the cure of fistula, in London, formed themselves into an auxiliary society a short time since, and subscribed £100, in small sums, to the funds of the institution.—Sixty deaths by erysipelas are reported to have occurred in Derby, Vt., since last October, and two thirds of the inhabitants of the town are supposed to have had the disease. Fatal cases generally lasted from four to six days.—The London Truss Society last month celebrated its thirty-sixth anniversary with a dinner, at which nearly 100 persons were at the table. Since the establishment of this institution no less than 119,282 persons have been relieved by it. The subscriptions and donations announced during the evening amounted to nearly £700.—A petition has been presented in the British Parliament, from the Queen's College of Physicians and Surgeons in Ireland, praying for a measure to regulate medical charities in that country.—Dr. Daniel S. Green, U. S. N., is ordered to the sloop of war Vandalia, Assistant Thomas M. Patten; Assistant Surgeon Wm. B. Sinclair to the celebrated brig Somers; and Dr. J. F. Sickles, Surgeon to the Sloop of War Fairfield.—Dr. Van Rensselaer, late of New York, is now contending in the U. S. Court for the possession of 34,000 acres of land in Columbia Co., known as the Claverack Manor—which he maintains his ancestors had no right to sell.—Dr. James Webster has been elected President of the Munro Co. Medical Society, which meets in the city of Rochester.—A Mr. J. C. Wyatt has made some casts in plaster, illustrative of surgical and morbid anatomy, which are recommended by Dr. Hamilton, who is a good judge in all such matters.

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TO CORRESPONDENTS.—The papers of Dr. D. M. Reese, "Hesmanee," and one reporting a case of paralysis (which latter is anonymous, apparently by accident), are received.

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MARRIED.—In this city, Dr. George W. Hutchins to Miss Eliza Gale.—At Canajoharie, Montgomery Co., N. Y., D. K. Underwood, M.D., of Adrian, Mich., to Miss Maria Agnes Mitchell.—In New London, Conn., Samuel M. Valentine, M.D., of N. Y., to Miss Elizabeth Hempstead.

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DIED.—On the 4th instant, at Elizabethtown, Dr. Reuben N. Baer, U. S. N., aged 23 years. Dr. Baer was a young man of uncommon talents. In a few years he qualified himself to become surgeon in the U. S. Navy, and before he received his commission, he became the assistant of Professor McClintock, in the Philadelphia School of Anatomy.

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Number of deaths in Boston, for the week ending May 27, 30.—Males, 15—Females, 15.—Stillborn, 3. Of consumption, 8—dropsy in the head, 1—lung fever, 3—child-bed, 1—disease of the heart, 1—marasmus, 2—scarlet fever, 1—old age, 2—typhous fever, 1—sudden, 1—dropsy on the brain, 1—cancer, 1—erysipelas, 2—epilepsy, 1—infantile, 1—rupture of bloodvessel, 1—pleurisy fever, 1—paralysis, 1.

Under 5 years, 10—between 5 and 20 years, 4—between 20 and 60 years, 13—over 60 years, 3.



*Causes of Insanity at the Worcester Lunatic Hospital.*—Of the 1557 cases of insanity that have been committed to the hospital, 225 were the effect of intemperance. Of the first 778 cases, half the number that have been received, 135 were from intemperance; 81 of the first 389, and 54 of the second 389. Of the second 778 cases, 90 were caused by intemperance, 52 of the first 389, and 38 of the second 389.

These figures speak well for the favorable influence of temperance on the community; the first quarter of the patients received having more than double the number arising from this cause that the last quarter has,—being 81 to 38.

Ill health combines so many causes as hardly to be considered one cause. With this exception, intemperance has produced more insanity in this community than any other cause. Most of the causes enumerated have produced about the same proportion of cases as formerly.

Some new views of religious truth have recently disturbed many persons who have deep solicitude for their future well-being, and have brought a number of patients under our care. Some of these views are greatly calculated to alarm those who entertain them, and I greatly fear that, for some months to come, this agitation of the public mind may, in this and other communities, add many to the list of the insane. Religion, in any view of it, is a solemn subject for contemplation. No individual can feel indifferent to it who has a rational mind, and feels his responsibility to God for the actions of his life. But it is particularly desirable that all consideration of it should be calm and dispassionate, that we should *live it* in our several spheres of duty, rather than seek new dogmas which distract the mind, and unfit it for the high responsibilities of this life, or for suitable preparation for the elevated pleasures of a future existence.

In many reports of institutions for the insane, a large proportion of the cases are attributed to hereditary predisposition as the cause. In some former reports I have briefly alluded to this subject. In my opinion hereditary predisposition alone is never the cause of insanity in any case. If it were thus, hereditary predisposition, existing from the first breath of life, must be perpetually operating, and such a case should be from necessity perpetually insane, unless the remedies for insanity can remove the hereditary taint.

It is with insanity as with other predispositions to disease—a slighter cause produces effects, to which the individual is liable in consequence of this predisposition. If this rule has exceptions, they are found in the juvenile insane, in those cases in which aberration commences with the first development of intellect. Such cases are not uncommon, and I may say that congenital *insanity* is hardly less frequent than congenital *idiocy*. Many such cases have come under my observation, where there has never been a *rational* mind, though there has been an *active* one; in this respect differing from idiocy.

In some families there is a strong natural propensity to suicide, no love of life, and no firmness to bear the calamities incident to it. One patient under our care had twenty male relatives, more or less nearly connected with him, who had committed suicide. Suicide is also contagious or epidemic. In institutions for the insane there are periods when we have great solicitude on this account, and other periods when we have comparatively little.—*Dr. Woodward's Tenth Report.*

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CÆSAREAN OPERATION ON A DWARF.

By Cyrus Falconer, M.D., of Hamilton, Butler County, Ohio.

PERFECT success is not always the test of merit or skill ; but it is sometimes the chief motive in reporting cases for the public eye. I am not positively sure that some influence of this kind has not prevented me from offering at an earlier date a report of the following case, which has certainly some peculiar and striking features, however barren of brilliancy in the result.

On the 6th of July, 1840, I was called to visit Miss ———, of Ross township, in the south-western part of this county (Butler), in labor with her first child. The physician in attendance was Dr. Præther, an intelligent practitioner of Venice, near which village the patient resided. She had been in labor since the previous midnight ; I arrived about half past 2, P. M.

I was not a little surprised to find the patient a *dwarf*, just *three feet six inches in height*, with a form very illy proportioned. Her head was, perhaps, of normal size, and her trunk not greatly inferior in *breadth* to the ordinary standard, but longitudinally reaching little over its proportion of her diminutive stature. The left foot of the *fœtus* was presenting at the os externum, and Dr. P. informed me that he had felt the toes of its fellow ; but had been unable to introduce his hand so as to grasp the foot and bring it down. I proceeded to examine her ; and carrying the finger to the superior strait, I immediately discovered a mal-conformation of the pelvis. The sacrum projected towards the pubis so as to give the superior strait the character of a *fissure* ; the antero-posterior diameter being certainly not over one inch and three fourths. The leg of the presenting foot occupied the full breadth of the fissure, affording an evidence but too conclusive that nature was not competent to the delivery. The os uteri was well dilated, and the pains incessant and severe. Carrying my hand over the abdomen I found the uterus occupying a diagonal position ; the fundus extending high into the right hypochondriac region.

Her mother assured us that the mal-formation was congenital, and that she had observed the pelvic obliquity soon after birth ; but from a history of the early childhood of the patient we were satisfied it was the result of *rachitis*.



What was to be done? The strength of our patient was flagging in an unavailing travail. Her delivery *per vias naturales*, was evidently impossible. Shall we sacrifice the fœtus in an attempt to save the mother? Can we, after awaiting its death, remove it piecemeal? These questions were rapidly and anxiously revolved in our minds. Had the head presented, its reduction and the use of the crotchet would of course have presented themselves, though had that been the case there was not room, I apprehend, for the passage of the base of the cranium. Under the circumstances, we were soon brought to the conclusion that the only hope for either child or mother was in the Cæsarean section. This *might* save both, without it the loss of both was inevitable; for we had not sufficient confidence in the division of the pubis to induce us to canvass its merit.

Quietly withdrawing the mother of the patient, and one of her friends, we stated to them frankly the situation of the case, and the alternatives. They were less surprised than I had anticipated, the dwarfish stature and disproportions of the girl having prepared them for something of the kind. We next communicated our views to the patient herself—she exhibited but slight emotion, and promptly agreed to the operation.

We then proposed sending to Hamilton—eight miles—for additional counsel; but to this the patient strongly objected, insisting she could not endure the delay, and imploring us to proceed at once to the operation. Her mother joined in the request, and indeed we were satisfied that every hour's delay lessened the prospect of a favorable result. The most propitious time, according to all writers on this subject, I believe, had already long since passed.

The operation resolved upon, we set about preparing for it. Ligatures, adhesive strips, lint, compresses, and a broad bandage, were arranged ready for use. The instrument selected was the common scalpel.

Placing the patient upon her back on the bed which she was finally to occupy, with the lower extremities partially flexed, and having the walls of the abdomen compressed by assistants, so as to fix the uterus and prevent the escape of the omentum or intestines, I proceeded to make the first incision. In order to make myself understood I will repeat that the fundus of the uterus extended high into the right hypochondrium, overlapping, and to a considerable extent dislodging the liver from its position. It was necessary to make the incision somewhat oblique, beginning at the upper part, near the right margin of the *linea alba*, and crossing towards its centre in the descent towards the pubis. The usual direction is to commence below the umbilicus; but in this case the shortness of the abdomen made it imperative to begin considerably higher up, in order to get an opening large enough to extract the fœtus. This case seemed to me a wonderful illustration of the capacity of nature to adapt herself to circumstances, however straitened. The liver and stomach appeared to be crowded entirely out of their proper location, pressing of course, in turn, upon the diaphragm and other viscera, and yet the functions of animal life had been but little disturbed. With the first sweep of the knife, I divided the abdominal integuments to within an inch or an

inch and a half of the pubis, exposing the aponeurotic expansion which forms the linea alba, the whole distance; this was then carefully divided, and the peritoneum presented itself. Making a small orifice in this latter membrane at the upper extremity of the incision, I inserted a couple of fingers and slightly elevating them divided it; the fingers acting as a director, and protecting the parts beneath. At this part of the operation, much difficulty was experienced in preventing the escape of the intestines. The uterus was opened, observing the same caution as with the peritoneum, and the fœtus was exposed, its back presenting to the incision. Although I began my incision considerably above the umbilicus, such was the relative size of the child that I found it impracticable to extract it, until I had extended the opening in each direction; approaching nearly to the cartilage of the lower true rib above, and the pubis below. During my efforts to accomplish the delivery, considerable extravasation took place. The relative size of the child and mother can only be conceived by the reader, when he remembers the height of the mother—three feet and a half—and learns that the child was about the ordinary size, weighing, by conjecture, from seven to eight pounds.

I at length succeeded, by grasping the thighs, in elevating the breech, and delivered the child as in a breech presentation; it soon cried lustily, and was separated from the cord. The uterus now contracted powerfully, the placenta was expelled, the extravasated blood removed as much as possible, and we proceeded to dress the wound.

Four or five points of the interrupted suture were employed—long adhesive strips were applied between the sutures, leaving a space at the lower portion, for the escape of any discharge that might accumulate. A broad compress was next applied, and the whole covered with a broad, firm bandage tolerably tight.

During the operation, the patient made very little complaint; she now said she felt very comfortable, and expressed much gratification at being relieved by an amount of suffering so much less than she had apprehended. An anodyne was administered, and finding her at the end of a couple of hours still comfortable, and inclined to rest, I left her, and rode home, solacing myself with the pleasing hope of a favorable result. Ere morning, however, inflammation began to be developed. On visiting her next day, I found the tongue white, pulse quick and frequent, the abdomen swelled, tympanitic and tender; great thirst, with all the evidences of a high degree of inflammation. Dr. Præther, residing near her, saw her frequently; but it is not necessary to detail the treatment, which did not differ from that usually pursued in inflammation of the abdominal viscera. She died on the eighth.

The child did well, and is now a vigorous, healthy and well-formed little girl.

An additional link in the chain of sympathy excited in my bosom for the luckless subject of this notice, was the fact that she was the victim of a human fiend in the *shape of her own uncle!*

A word as to the proper time of operating, and I have done. Cæsarean section must necessarily be an exceedingly rare operation in any



country, and more especially in the sparse population and well-formed pelves of *our* country. This infrequency, with the want of observation and experience which flows from it, will ever tend to produce hesitancy and indecision in the mind of the medical attendant, and will probably very often delay the operation until the most eligible time has gone by. The fear of censure will doubtless sometimes throw its weight into the same scale; for it is unfortunately true, that there are many in our profession who will find fault with the practice of a rival brother, whenever it is practicable to do so. In *this* case it has been said we were too precipitate, and should have had additional counsel. But in fact the delay already had, was very possibly a cause of the unfortunate result to the mother. The unfavorable termination of nearly all the earlier cases of Cæsarean operation in England, is attributed chiefly to the late period of labor when the operation was resorted to.

The Continental writers, amongst them Graefe and Baudelocque, unanimously assure us that the proper time for the operation is before the waters have been evacuated, and just so soon as the os uteri is sufficiently dilated to permit their free discharge. In this opinion Dewees concurs; and no doubt such is the proper course where election as to time is within the control of the attendant. Sabatier says, "There ought not to be too much delay, lest the patient's strength be exhausted, and the violent efforts of labor should bring on an inflammatory state of the parietes of the uterus."—*Western Jour. of Med. and Surg.*

#### MEDICAL CURIOSITY.—ALLEGED LIVING REPTILE IN THE HUMAN STOMACH.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Many of your readers, especially in the northern part of New York and in Vermont, have doubtless heard of a woman who for many years has been said to have *a snake in her stomach*, the living contortions of which in the intestinal canal have been supposed to be visible, and sensible to herself and others, and hence she has not only awakened much sympathy, but she has been made the subject of physical exploration by numerous medical men, most of whom have agreed in opinion that either a snake, lizard, or some other huge animal, has been and is still alive within the intestinal tube. Hence she has not only been very frequently inspected and examined, but various kinds of medication have been resorted to for the destruction or the removal of the reptile, and for relieving the protracted mental and physical sufferings of the afflicted woman, which at times acquire great severity.

In my late visit to Castleton, Vt., I had the opportunity of seeing this patient, through the politeness of Professor Perkins, one of my colleagues in the Faculty of the Medical School of that place, and improved it by investigating this curious case, and herewith send you my attempt at diagnosis.

The history, as related by herself, is thus given:—About fourteen

years ago she visited a spring with some of her young companions, and hastily drank of the water taken up in a vessel, after night, when she could not be supposed to see what might possibly be in the water. In the act of drinking, she felt that she had swallowed something, even colder than the water, and though at the time she suspected it might be some living animal, yet she forgot the circumstance until some time afterwards, when she was seized with a strange sensation in the stomach, as though something was panting in the epigastric region, which revived the suspicions she had entertained at the spring, and these were confirmed by numerous physicians, who concurred in the opinion that she must have swallowed, at that time, either a young lizard, frog or snake, which was still thriving within the alimentary canal; some locating it in the stomach, and others in the colon. In about eight years after the first symptoms, she became subject to fits, recurring at intervals, but without periodicity, the spasms, as described, being of a clonic character. She states that the recurrence of these fits may be prevented by careful diet, but return after any considerable indulgence in gross food; and that though she feels the *living animal* within her during all her waking hours, and is under the necessity of taking nice articles of food to keep it quiet, yet there are frequent noises heard by herself and audible to others, as though something was "flapping" in her stomach, and that the motions of the animal at these times are visible through the abdominal walls, and that its position can then be clearly ascertained by the touch, and the body of the animal be felt and even grasped by herself and others. During the spasms she states that she loses both sight and hearing, and that their onset is sudden, the only premonition being disturbed digestion. I understood, also, that she is married, has borne children since the casualty, and that there has been no very considerable uterine disturbance, though occasional catamenial irregularity, and constipation habitually, is confessed. A morbid appetite, and dyspeptic symptoms varying in degree and intensity, are the only functional disturbances of health.

The treatment has been various, because of the different physicians who have been consulted at home and abroad, for she has travelled hundreds of miles in search of relief. At present she is taking turpentine and conium, which, proving tonic and cathartic, she thinks afford some degree of benefit. Still she is fully confirmed in the belief that a living snake is in her stomach, and that she can exhibit the evidence of the fact to three of the senses, viz. sight, hearing and feeling.

During the hour I spent in investigating her case, I was fortunate enough to have her assurance that she was suffering unusually from the motions of the reptile, so that I might satisfy myself of its presence by my eyes, ears, and fingers through the abdominal walls. She first directed me to place my hand upon the upper portion of the abdomen and feel the lump, as she called it. I found, sure enough, a "lump," which she said was the "living critter," and that if I would grasp it, I would find that it would presently move. It was situated just below the epigastrium, and extending half way to the umbilicus, and the lump was of a spheroidal form, which if the body of a snake, must have been nearly as



thick as a man's arm. In grasping it, however, with great firmness, I satisfied myself fully that it could not move from beneath my hand, and that it felt to me, like one of the compartments of the colon, distended with flatus, which was confined on either side, so that it could not readily escape. Having discovered that the direction in which the longest diameter of this "lump" could be felt was not in the route of the transverse arch of the colon, but obliquely downward, I attempted to empty it by pressing it at one end when grasping it with both hands, and found that the contents of the distended sac very gradually escaped into another compartment of the colon, where it became again confined by the bands belonging to that intestine, and could be grasped in like manner. At the moment of emptying one sac into another, she called my attention to the "flapping" which she felt, and placing my ear to the abdomen I distinctly heard, as did Dr. Perkins also, the passage of the air, as though the morbid contraction of the bands of the colon presented a valvular obstruction to the passage of the gas by which the upper portion of the intestine had been distended. The position of the lump being thus changed, I repeated the same process, and passed on the contents of the second sac gradually into another division of the bowel below the umbilicus, where it could still be felt, but with less distinctness. The woman felt the change of position thus effected, but ascribed it to the animal changing its location at pleasure, and said that at times it found a place so far down in the iliac region, and so near the back, that it could not be felt through the abdomen, but still she was at all times sensible of its presence.

Having made out my diagnosis as well as I was able, I availed myself of this case, in my next lecture to my class in the college, at which a number of medical men were present, who had previously seen the patient, some of whom had swallowed the snake story, and whether my critique on the case rendered it indigestible I am not able to say, as my course terminating soon after I left for home. I have reason to believe, however, that Professor Perkins fully coincided in my opinion of the case.

That the woman is a confirmed hypochondriac, from organic dyspepsia, there can be no doubt; and that she is a monomaniac on the subject of the snake, I consider as equally certain. Now it is a pathological fact, well ascertained by Pinel, Esquirol, and other practical writers on this form of insanity, that a morbid relaxation and *dislocation of the colon* is found present, either as cause or effect, so that the position of its transverse arch is changed among the other intestines. Sometimes it is found descending obliquely, so that one extremity lies behind the pubis, and in other cases descends into the pelvis. That such is the relative position of the colon in this case, there can be no doubt, for we had both ocular and tangible demonstration. Her indigestion being permanent, her food undergoes decomposition in the stomach and bowels, with the consequent production of acids and gases. The former of these may by irritation have caused a contraction of the dividing bands of the colon, spasmodic at first and subsequently permanent; while the latter distends each compartment of the gut until the valvular separation is sufficiently open

to suffer its escape. This escape of air into the fluid contents of the next division of the gut, occasions the noise or flapping which is heard by the patient or her friends, and is ascribed to the panting of the snake; and which confirms her imaginary notion of having swallowed one fourteen years ago, which has been growing by what it feeds on, and at her expense, for she has to eat, as she alleges, to keep the "critter" quiet. Such is the pathological estimate which I formed of the case, and which I shall entertain until one more rational is furnished. That it will be perfectly satisfactory to others, I cannot even hope. But that it is more rational than to admit that either a snake, lizard or frog, has survived fourteen years in the midst of the secretions of the intestinal canal, and continues to thrive perennially, I respectfully submit, especially to my professional brethren who have countenanced the latter opinion.

Regarding the case as one presenting morbid phenomena both of a mental and physical character, I would advise corresponding treatment. And although in an organic affection of this character, so long existing, and with a contracted colon approaching to scirrhus in its nature, the mischief may be beyond permanent cure, yet I would attempt the removal of the flatulence by aiming to improve the digestive function. A combination of tonics, aromatics and cathartics, would be most effectual, and if once the accumulation of wind in the colon could be prevented, even though its displacement continue, the ever-present ground of belief in the snake would be taken away.

Still, however, the woman is so fully convinced that some living thing is confined within her body, that this mental malady would not be cured by restoring her to physical health, and must be treated by a "pious fraud," if it is thus termed, though in such a case it might be lawfully practised. She must *see* a lizard, or some living thing, which *seems* to pass from her body, and have it to show to others, or she will never believe herself cured. A living lizard or snake might be adroitly thrown into the stool, after hypercatharsis has been induced by some drastic cathartic which she might be led to expect would cleanse the bowels from every foreign body. The impression that it had thus escaped, might be innocently indulged by her, and be even encouraged by others, till her morbid imaginings cease.

Some may suspect fraud on the part of the patient, and various reasons had inclined me so to surmise before I saw her; but since my interview I have formed a different opinion, corresponding to her character, which is uniformly good. I told her my views as regards the nature of her disease, to which she listened with obvious and sincere concern; and promised to take the medicines I might direct. I assured her that if, contrary to my opinion, there was any living animal in her body, she might expect it to come away either dead or alive, before long, and requested to be informed of my mistake, if that result should happen.

Of course I said nothing to her of the plan I suggested to remove her mental impression, as its success must depend upon its concealment from her. Nor have I learned whether my views have been carried out in re-



gard to her medication. I submit this brief account of this singular case for your Journal, if you think it will interest your readers.

*Baltimore, May 18th, 1843.*

D. MEREDITH REESE, M.D.

#### OPERATION FOR CONTRACTION FROM A BURN.\*

By P. W. Ellsworth, M.D., Hartford, Ct.

[Communicated for the Boston Medical and Surgical Journal.]

THE patient was a Miss Elizabeth Daniels, of Humphreysville, aged 11. When three years of age, her clothes accidentally took fire, and before they were extinguished, her chest, arm, face and neck were severely burned. Her recovery was doubtful, but through the attention of her physician, Dr. Kendall, of Humphreysville, and a good constitution, it eventually took place, leaving, however, dreadful deformity. The contraction occupied the left side of the neck, drawing the chin nearly to the sternum, there being an intervening space of two inches at the utmost. The head could not be elevated further than this without opening the mouth. The lower lip was dragged downward and outward towards the left side, being completely everted, the upper edge nearly touching the point of the chin. The left angle was excoriated by the constant contact of saliva dribbling from that corner. The left lower eyelid was also a little dragged downward. The teeth of the lower jaw were in a position approaching horizontal, and shutting several lines anterior to those of the upper, inclining also with the jaw itself towards the left side. The cicatrix extended from the symphysis of the lower jaw to the left ear, which had been almost completely destroyed, and from the sternum to near the junction of the clavicle and scapula. It was narrower in the centre, having an hour-glass shape, resulting from the stretching of the parts, instanced in a piece of caoutchouc extended. The appearance of neck was completely lost on that side, there being a plane surface from the cheek to the breast. The cicatrix was of the natural color of the skin, and soft.

It had been proposed to do the operation at Humphreysville, but for convenience Mr. Daniels permitted it at the Hospital at New Haven. This was performed Thursday morning, April 6th. The season was not particularly favorable for such an operation, as the snow was rapidly melting, the temperature of the air very variable, and scarlet fever and erysipelas being also prevalent. But as her constitution was excellent, and she had been well prepared, it appeared to me safe to make the attempt. Drs. Beers, Monson, L. Ives, Jr., Kendall of Humphreysville, and Dr. Miller, Superintendent of the Hospital, were present. I was favored with the assistance of Professor Hooker and Dr. P. A. Jewett. Having placed the little patient in a chair, sitting so that the light might fall full upon the neck, an incision was made directly across the narrowest part of the cicatrix, and an inch from the sternum. Immediately the tense

\* See page 241.

bands flew asunder. Descending to the muscles of the neck, of course the incision lengthened, so that at last it extended from the right side of the trachea nearly below the left ear. The dissection was carried on through the condensed cellular tissue to the depth of an inch or more, through the platysma myoides, and the fascia of the neck, until the mastoid muscle was laid bare. Had it been necessary, this muscle could now have been easily divided, but the head could be perfectly elevated, and the lip be made to assume its proper position. The folds of the cicatrix had vanished, but in their place remained a great chasm of bleeding tissues, five inches in length by three or four in breadth, extending from the great retraction half an inch below the clavicle. It was now necessary to fill up this chasm, else the contracting cicatrix would have left the neck as bad as ever. To do this we must prevent healing by granulation, a wound uniting by first intention not contracting. Following the plan of Mütter, a piece of paper shaped exactly like the wound and a trifle larger, to allow for shrinking, was laid upon the shoulder and neck, anterior to the edge of the trapezius, and descending over the point of the acromion process upon the deltoid, the anterior incision of the neck of the flap to commence a little above the posterior angle of the wound, that the flap might lie smoothly. This neck was about three quarters of an inch in length and half an inch in width. The flap having thus been marked out with a pencil moistened, I followed it with the scalpel, but the patient, who had borne the preceding part of the operation with great fortitude, became very restless. With much difficulty, owing to her struggles, the integument was raised exactly as marked and as deep as the fascia of the muscles. It was with imminent danger that it was elevated at its neck, as a slight cut (she being in constant motion) would have separated the flap from the body, and we should have had two bare surfaces instead of one. As it was elevated, the retraction of the skin caused the wound in the shoulder to appear much larger than its real size, through which the denuded shoulder projected, making a surface which could have been hardly covered with the spread hand. Being brought up to its new seat, the flap was found to fit perfectly. A needle\* was passed through the anterior end of the flap and anterior angle of the wound, as in hare-lip, and secured by Dr. Jewett with the figure-8 ligature. The upper edge was thus passed over, then the lower; ten needles being used, inserted at about an inch apart, or a trifle less, as appeared

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\* The needles used were Glover's No. 7, having triangular points. They pass as readily through the skin as broadcloth, and answered admirably. After being secured, the points were clipped with wire forceps. Their introduction was much facilitated by using a porte, much resembling one described by Mütter in the 7th No. of the American Journal, for the operation of velosynthesis, the porte being rather short, the beaks shorter than common, in order that the lever power on the handles might render the hold upon the needles more secure. The groove for the needle is straight three lines and perfectly round; an opening between the beaks allows the thread liberty. The handle on one side was elongated by the attachment of a piece of ebony. Instead of closing with a spring, I used a ring, being more easily fitted, which embraced the handles while holding the needle, and was slipped down when to be detached, its motion being controlled by a thread. This is not as neat an instrument as that recommended by Mütter, but much more secure, a matter of no little importance when needles are used about the fauces, and may be altered from Physick's porte in a few minutes by any mechanic. I found it answer perfectly in the operation of velosynthesis for which it was prepared, and in this case, as it allowed the needles to be passed through without the least prying motion, the firm hold on the needle, the curve of beak, and length of handle, giving great power applied in the best manner.



necessary. The edges were further secured by adhesive straps between the ligatures, making the union as complete as possible. Attempt was now made to unite the edges of the posterior wound, and although of so great magnitude, the extensibility of the integument allowed the lower half to be united perfectly; the upper part was loosely drawn together by a stitch supported by straps. It could easily have been more closely approximated, but if so there would have been too much strain upon the flap, for at the upper part there was but a narrow isthmus of integument between the two wounds, and the least traction on one edge must have been equally great on the other. My principal fear was that the neck would not support vitality to so large a portion of integument, but the blue color assumed assured me there was circulation, however imperfect, carried on. There was danger, also, that the depression over the clavicle might prevent a perfect union of parts, the fossa filling with blood. This was guarded against by relaxing the parts as much as possible, depressing the shoulder, removing the arm a short distance from the trunk by a small pillow placed in the axilla, and applying a compress accurately over the depression.

During the period occupied in raising the flap, the patient was laid upon a bed, rendering her shoulder more accessible, and she more easily controlled in her motions, as it was anticipated she would make resistance in this stage of the operation. When all was completed, her pulse was good, and she appeared not to have suffered any shock, spoke up lively, and presented no appearance of faintness. No vessels had required ligature; a few small arteries threw out a little blood, but speedily ceased bleeding. The hæmorrhage was inconsiderable. Fifteen drops tinct. opii were administered, and the patient placed in bed, the head being allowed to assume nearly its old position, so as to facilitate union of the parts. She was forbidden to make any use of the mouth in speaking or swallowing, excepting that water was occasionally given in teaspoonful doses. At 9, P. M., found that the laudanum had caused vomiting, but she had with great self-command kept her head perfectly still, and the exertion had not disturbed the dressings. Pulse nearly natural, thirst very great. Ordered a little peppermint water to control the nausea, and an enema of salt and water, and a sinapism to epigastrium if necessary.

On the morning of the 7th, found that the peppermint water had sufficed to allay all sickness, but she was very feverish and pulse rapid; had not slept any during the night; the wound, however, was not painful.

Being now obliged to leave New Haven, my little patient was entrusted to the care of Dr. P. A. Jewett, attending physician of the Hospital, by whose careful attention and judicious treatment her recovery was greatly facilitated. From him constant intelligence was received, and so perfectly satisfactory was the progress of the case, that I did not see Elizabeth until after her return to Humphreysville. The letters of Dr. J. furnish the substance of her remaining history until her return.

*April 7th.*—After my departure, her fever subsided; bowels moved freely with an injection, some of the outer dressings were removed, and everything appeared right.

8th.—Slept well last night; very comfortable; all dressings removed, and new ones applied, as the stiff plasters trouble her. All the wound in the neck was healing by first intention, except a small point under the chin and a half inch over the clavicle; these points are in good condition and granulating. A large part of the shoulder healing by first intention; all general symptoms excellent. The lower lip, by the help of adhesive straps, taking its proper place. Is in excellent spirits.

10th.—The pins were removed.

24th.—A stock of binder's board was applied as a support to the head and lower lip, which answered perfectly.

27th.—Left for home. The flap had been so perfectly adjusted, that it was found unnecessary to divide the neck after the union of the other part, the whole having united smoothly. More than two thirds of the wound in the shoulder had united by first intention. Her health suffered not in the least, and her greatest trouble after the third day was to get enough to eat. The steps of the case and results are all very similar to those of Dr. Mutter, of Philadelphia, and go far to establish the soundness of the principles involved. It is an operation which, in the cases admitting of it, will supersede all others.

Our little patient has been strikingly altered, her face having assumed quite its natural appearance, all the main points of deformity having been removed, and the remainder fast disappearing under the care of Dr. Kendall. It will, of course, require time to restore perfect shape to the jaw, though it is already in a great measure accomplished, time only now being requisite to render it perfect.

*Hartford, May 11, 1843.*

#### MESMERISM IN BALTIMORE.

*A Challenge given by Professor C. A. Harris to Messrs. Dods and Jeter, to submit their Theory and Experiments to scientific tests—The Challenge accepted, and a Committee of decision chosen—Two nights' debate, and the complete overthrow of the Mesmerizers. By A MEDICAL TRAVELLER.*

[Communicated for the Boston Medical and Surgical Journal.]

THE last and most foolish of all the stupid humbugs of the day, Mesmerism, has always found Baltimore a hard and unproductive soil for its introduction. So Collyer found it, and so have the more recent sorcerers. It had, indeed, no footing at all until one Jeter, from the interior of Virginia, came to the city, and by playing off the "Virginia gentleman" among the urbane and unsuspecting citizens of this hospitable city, contrived to introduce a belief of it, to some extent, into respectable families. Jeter also lectured in public, but made no pretensions to any theory or anything great, so that no criticism was aroused against him. He would, with apparent modesty, try his experiments before mixed audiences, and



leave to them and to others the task of forming theories. He made some converts among influential circles—carrying with him at least one medical gentleman from whom better things might have been expected, as he had been a professor in one of our universities; I refer to Dr. Annan. After Jeter had fully converted Dr. Annan and his negro boy, and the Rev. Dr. Kurtz and his negro girl, together with a large number of old ladies, he retired; and a greater magician, one Dods, said to have come from the city of Boston,\* appeared with great pretensions; he had, to use his own words, “by long study and experiment, discovered the philosophy of Mesmerism”—was able to “associate it with all the known principles of nature, and make it plain to the humblest capacity.” He laid down this strong assertion in his card of annunciation—“Every person can be Mesmerized—all surgical operations can be performed without pain, and, indeed, all pain can be removed”!

After he had lectured some time, he was confronted in public by Beale H. Richardson, Esq., a merchant of this city, who challenged him, before the Lyceum and through the public papers, to cause a blind man to see, as he claimed to be able, by Mesmerism, to produce vision without the use of the eyes. It is needless to say that neither he nor any other Mesmerizer can do any such thing.

At length the editor of one of the smaller papers of the city professed to become a convert, and gave the influence of his sheet to the humbug. This led Professor Chapin A. Harris, M.D., to challenge him and his coadjutors, to a public test, before a large and competent committee—the audience to have no authority to interrupt or control the experiments, as had often been done before. Professor Harris nominated six gentlemen of this committee; and Samuel Barnes, Esq., editor of the *Clipper*, nominated six others on behalf of the Mesmerizers, and the twelve elected a thirteenth, which made up the committee of decision. The advocacy of Mesmerism was committed to Dr. Annan, J. B. Dods and Thos. E. Jeter; the opposition to Professor David M. Reese, Professor Chapin A. Harris and Professor Thomas E. Bond, Jr.—Dr. Annan and Professor Reese being allowed to open the experiments of every evening, each by an address of half an hour’s duration. The rules governing the debate, experiments and tests, were such as to secure equal rights to both parties.

The evenings of Tuesday and Wednesday, the 23d and 24th of May, were devoted to the arguments, experiments and tests before audiences of from six to eight hundred ladies and gentlemen. The Mesmerizers produced their own subjects in part, and in part were to make trial of some produced by the opposite party, between twenty and thirty of whom were produced by the antagonists of Mesmerism. The debate between the two medical gentlemen, Dr. Annan and Professor Reese, was conducted decorously, although Dr. A. found himself as completely used up as ever a scientific man was in an insane attempt to sustain imposture. In the experiments the Mesmeric party had a most feverish and overweening tenderness for the lives and healths of their subjects—almost everything

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\* He was recently a Universalist Minister, at Fall River, Mass.—Ed.

would be perilous to their precious lives in the way of tests; ammonia was too dreadful an agent, and electricity absolutely shocking to Mesmerized nerves; many a sorrowing and appealing look was directed towards the audience, and particularly towards the ladies, to get an expression of disapprobation strong enough to break off some of these tests, in which they succeeded at least in one instance. Professor Bond sat down and received the same shocks from a galvanic battery, which had been inflicted on a subject claimed to be Mesmerized, and with no greater sensible effect upon his nerves. There was a singular fatality attending all the experiments of the Mesmerizers, even upon their favorite subjects, who had been long under their especial training; but when the opposite party took them in hand, and were put in communication with them as it is called, there was an utter failure of any results favorable to the claims of the humbug.

A negro lad, named Jacob, of some 14 or 15 years of age, had been selected by the magnetizers from the subjects produced by Professor Harris, and considered by them remarkably "impressible;" in fact they expected to prove much by him, as he had been with them only in presence of some one of the opposite party, and, therefore, here at least they could escape the "collusion" which had been charged upon the experiments of their trained subjects. Jacob was, therefore, put to sleep, and brought forward by Mr. Jeter, as a most triumphant proof of the Mesmeric power. It had, however, got to the knowledge of the antagonists of Mesmerism that this remarkably good subject was only "playing 'possum," as the young negroes call it, and it was understood beforehand that Jacob would be "himself again" whenever Professor Bond should call him out of his feigned trance. His rigidity was marvellously good; in phreno-magnetism he astonished and delighted the Mesmerizers beyond bounds, by dancing when the bump of motion was touched, and playing all the respondent pranks to the touch of the other organs. This subject had done such wonders that triumph sat enthroned on the brow of every Mesmerizer, when Jacob was turned over to the experiments of the other party. Professor Bond, addressing the gentlemen of the committee and the ladies and gentlemen of the audience, declared that they had *all been humbugged!* and turning to Jacob asked him if he had been asleep; with a loud laugh Jacob answered *no!* He jumped up, and such another convulsed audience never was seen since the confusion of tongues on Babel. Laughter, hisses, groans, attempts of the magnetizers to get another hearing, all were mingled in a burst of tumultuous laughter. Professor Reese, on behalf of the antagonists of Mesmerism, declined any further argument with their discomfited and overwhelmed antagonists, and left the matter with the committee of decision, whose report appeared two days afterwards. What this report was, will appear from the concluding paragraphs, which I transcribe:—

"The undersigned, in view of the whole, concur in opinion—

"1st. That Messrs. Reese, Bond and Harris having proved that the most marvellous and difficult 'seats' in Mesmerism, may be so perfectly imitated as to defy all the tests of Messrs. Jeter, Dods and Annan to de-



tect the imposture, have thus given great probability to the position they have assumed, which is that all those phenomena called magnetic, whenever they are either *mysterious* or *unnatural*, are the result of fraud of one party or collusion between both; and in this conclusion the undersigned concur.

"2d. That Messrs. Dods and Jeter's subjects failed, when placed in the hands of the opposite committee, to exhibit any single phenomenon at all remarkable, but, on the contrary, furnished confirmatory evidence that their alleged somnambulism was feigned; while, at the same time, the collusion between the parties was thus rendered suspicious, since certain mysterious touches were made whenever the subjects succeeded, and the absence of such signals was uniformly followed by failure.

"3d. The undersigned unite in the opinion that Messrs. Dods, Jeter and Annan, have signally failed in fulfilling their promises, or furnishing any evidence whatever which can be admitted as proof that there is any truth in Mesmerism; and, as what they call real phenomena cannot, even by themselves, be discriminated from those which are wholly fictitious, we regard the result of the investigation as decidedly adverse to their cause. We therefore decide, that in our judgment Messrs. Reese, Bond and Harris have fully sustained their denial of the existence of any proofs which can rationally sustain the existence of animal magnetism."

This report was signed by the following gentlemen of the committee: B. H. Richardson, Esq., Professor W. W. Handy, M.D., Geo. C. M. Roberts, M.D., John N. Baxter, M.D., Moses Holmes, Esq., Wm. E. A. Aikin, M.D., Professor of Chemistry, University of Maryland, Judge Jas. B. Price, M.D., and Wm. Geo. Baker, Esq.

*Baltimore, May 30, 1843.*

#### PARALYSIS FROM TUMORS DEVELOPED IN THE BRAIN.

[Communicated for the Boston Medical and Surgical Journal.]

COL. B., residing in Campton, N. H., called at my office, April 22d, 1842. In October preceding a tumor was removed from the right axilla, which resembled scirrhus. The wound healed gradually, and his health improved from the time of the operation until three or four weeks previous to my seeing him. I would remark, that for one or two years before his death, he had at times been absent minded; his memory failed in some measure, and he was very liable to make mistakes in doing business. In April, when he first visited me, his symptoms were similar to those which precede palsy. He described an uneasy sensation on the skin, confined to the right half of the body; at one time it seemed as though cold water was trickling over certain portions of the right half of the body; resembling, at other times, the crawling of insects. Free from pain; tongue slightly coated; very little confusion in the head; at times complained of ringing in the ears; appetite natural; no lesion of motion; pulse 70 in the minute, rather weak; bowels nearly regular, if any alteration slightly costive. Counter-irritation applied to the head

and spine; bowels kept freely open with cathartics; stimulating liniments applied to the extremities in form of friction. The above method was persevered in for several days, alleviating the symptoms very little, if any. Several medical gentlemen were called in consultation, all pronouncing the nature of the case to be very obscure, and not developed by the symptoms, nor improved by treatment. The symptoms, although not plain, either rational or physical, yet determined a gradual increase of the original affection.

Nothing occurred worthy of notice, I think, until May 10th, when the other half of the body began to be affected; lesion of motion appeared; stiffness in the left hip and knee-joint; liable to trip and fall when walking, confusion in the head increased, and vision somewhat impaired. In short, we see at the present stage of the disease that the nerves of sensation on the right, and motion of the left, are the principal organs implicated. Bloodletting, general and local, was resorted to; blisters to the spine; frictions; bowels kept in an active state with cathartics. The patient from this time continued to sink in a gradual manner, and the disease, which at first seemed confined to the skin, involved the deep-seated muscles, rendering motion more imperfect, diminishing sensation, and, in fact, paralyzing the different organs, and thereby deranging their functions.

*June 1st.*—Disease rapidly progressing; speech beginning to fail; inability to walk, save with crutches; bowels very torpid, requiring the most active purgatives; respiration performed with labor; intellect at times destroyed; pulse slow and weak; temperature of the body below the natural standard. Counter-irritation to the occiput and spine, with alterative medicines. Continues to fail. Medication seems to have no control over the progress of the disease.

The above symptoms increased until June 10th, when he fell into a comatose state, and expired the 14th.

*Examination twenty-four hours after Death.*—By removing the brain, particularly the cerebrum, the mystery was readily solved. Seven tumors were found, all, except one, I think, in the cortical portion, which were of the medullary sarcomatous kind. Portions of the brain in the immediate vicinity were slightly softened, and the vessels enlarged by which they were supported. Spinal marrow slightly congested. Thoracic and abdominal organs healthy.

The above tends to prove the liability of cancerous disease to return, and confirms the doctrine of modification by tissue.

*Calais, Vt., May 25, 1843.*



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 JUNE 7, 1843.
 

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*Medical Anniversary.*—According to custom, the members of the Massachusetts Society, an honored and venerable institution, assembled in Boston at the appointed hour, on Wednesday last. The records of the past year having been read, an election of Counsellors followed. No essential alterations were made from the returns of the last season. Suffolk county had the following catalogue of names:—George C. Shattuck, Jacob Bigelow, Enoch Hale, S. D. Townsend, John Ware, Z. B. Adams, John Homans, Woodbridge Strong, John Jeffries, George W. Otis, Jr., Winslow Lewis, Jr., Samuel Morrill, Jerome V. C. Smith, D. H. Storer, John Flint, John D. Fisher, Charles G. Putnam, Ephraim Buck, Geo. Hayward, J. B. S. Jackson, A. Thomas, and John C. Hayden. A correct list of all the Counsellors in the other districts will appear in the pamphlet usually issued by the board soon after the transactions are systematized and recorded, from the minutes of the Secretary. Most of the morning was passed in the ordinary routine of business, till 1 o'clock, when the annual discourse was delivered, which will also be published.

From the Temple, the Society adjourned to the great hall over the Worcester Rail-road Depot, a light, airy, and truly spacious apartment, where dinner was served. It was a pleasant sight to see so many hundreds of physicians, from different parts of the Commonwealth, seated quietly together. But there was a higher gratification to the spectator, arising from the fact that the individuals of the company before him, were not only good members of society, but educated physicians; for no one can be admitted to the privileges and immunities of the Association, who has not passed a rigid ordeal, wisely established by law for the elevation of medical character and science in the State.

The Society gave a practical illustration of their estimate of the value of temperance. Not a drop of wine appeared at the table, yet the toast and water produced a genuine flow of soul and some of the keenest scintillations of Attic wit. An original poem was read, full of good sentiments, as well as pointed references to the impositions of the day. It should have been published in the Journal, for the gratification of those who did not find it convenient to be present on the occasion. The author's modesty, however, much to our disappointment, keeps a bright light under a bushel.

In the evening, the President received his medical friends at his residence in Summer street, where Boston hospitality lost nothing of its former reputation.

On Thursday, at 10 o'clock, the new counsel assembled at their room at the Temple, for the choice of executive officers. Jacob Bigelow, M.D., of Boston, was unanimously re-elected President; and Robert Thaxter, M.D., of Dorchester, V. President. The following Censors were also chosen.

*For the Society at large and the First Medical District,* Drs. John Jeffries, Z. B. Adams, Anson Hooker, Winslow Lewis, Jr., George W. Otis, Jr.

*For the Second Medical District*, Drs. B. F. Heywood, C. W. Wilder, William Workman, Benjamin Pond, and Joseph Sargeant.

*For the Third Medical District*, Drs. S. Peake, David Bemis, Gardner Dorrance, Watson Loud, and Edward E. Denniston.

*For the Fourth Medical District*, Drs. H. H. Childs, R. Fowler, A. G. Welsh, R. Worthington, and N. S. Babbitt.

*For the Fifth (new) Medical District*, Drs. Alexander Reed, Andrew Mackie, Samuel Sawyer, A. Glazier, and J. Haskell.

Drs. Hale, Homans and Storer were chosen Committee on Publications.

Dr. John Ware, of Boston, was chosen to deliver the address at the next annual meeting of the Society.

A resolution was introduced, which proposed that the members shall investigate the medical topography of the State; and in a more careful and scientific manner than has ever heretofore been attempted, not only obtain the real statistics of disease, but also attempt to ascertain the value of life in the different counties, cities, towns and districts. An immense amount of exceedingly important medical knowledge might be readily obtained by a systematic effort of this kind throughout the whole State. The matter, however, instead of being at once acted upon, was referred to a committee, to report at the next annual meeting. Thus, the project will make slow progress, as some time must elapse before the committee become tangible, and that will undoubtedly lead to further consideration through another committee. It is a pity that measures which strike the understanding at once, as being both expedient and wise, could not be at once made operative.

With regard to the annual discourse, there appeared to be a variety of opinions. We have no doubt that those who failed to discover much of interest in the topic or manner of delivery, will think better of both when they sit down leisurely over a fair printed copy, some weeks hence.

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*Medical Civilities to the Ladies.*—Another year, when the country members of the Medical Society assemble, we suggest to them the great pleasure they would confer by bringing their ladies to Boston with them. Facilities for speedy, cheap travelling favor the scheme—and it would be a delightful trip to the metropolis at a period when their husbands are obliged, by courtesy, to make the jaunt. If the plan were adopted seasonably, they would be received here by the ladies in a manner to increase the pleasure of the excursion. There are physicians enough in Boston, residing in arks and palaces, to entertain their fair semi-medical friends elegantly and cordially. Instead of dining, as heretofore, an army of medical strangers, let the ladies be invited to dine with us. The Unitarian Association has introduced the custom—having dined the other day together, ladies and gentlemen, rising of seven hundred strong. Surely we ought not to be behind the age in civilities to those who are our mothers, sisters, wives, friends—and best of customers.

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*Vermont Medical College.*—By the new catalogue of the trustees, examiners, faculty and students, the institution appears to be in an excellent condition, and well sustained. It will be recollected that the College is located at Woodstock, Vt. There were 49 seniors and 39 juniors the present spring term. The following is a list of graduates of 1842:—



Sidney P. Bates, *Hartland*; Myron N. Babcock, *Berkshire*; Daniel Campbell, *Westminster*; George Carpenter, *Alstead, N. H.*; Charles W. Calkins, *Northfield*; Lucius W. Grosvenor, *Reading, Mass.*; Edwin P. Grosvenor, *Danvers, Mass.*; Albert B. Harvey, *Lowell, Mass.*; Henry D. Hitchcock, *Westminster*; Robert P. Hunt, *Lexington, Ky.*; Gilbert Mcbeth, *Rochester, N. Y.*; Sumner Putnam, *Montpelier*; John Renton, *Concord, N. H.*; Horace Stevens, *Haverhill, N. H.*; Henry Williams, *Royalton*.

*Honorary Graduates of 1842.*—Philander Wildman, *St. Lawrenceburgh, Geo.*; Stephen Drew, *Woodstock*; Edward Dearborn, *Seabrook, N. H.*; Nathaniel Harris, *Middlebury*.

*Accounts of the Pennsylvania Hospital.*—Since the name and the fame of this celebrated and ancient Hospital have a wide-spread reputation, it may be gratifying to students in medical statistics to know the expense of maintaining it. *Payments* for one year, ending 4th month 27th, 1843, were as follows, viz.: Medical department, \$1,867 08; household expenses, \$4,121 25; live stock, \$576 39; repairs and improvements, \$632 76; salaries and wages, \$3,849 68; medical library and stationary, \$527 52; incidentals, \$267 79. *Receipts.*—For board of patients, \$5,618 44; articles sold, \$92 73; medical fund, \$605 75; West's painting, \$130 41; from the gate, \$16 97; manager's fines, \$14 75; discounts, \$16 96.

The total number of patients admitted into the Hospital, in the city, from its establishment in 1752 to 4th month 22d, 1843, has been *forty thousand and ninety-five*, of whom *twenty-one thousand nine hundred and twenty-eight* have been poor people, maintained and treated at the expense of the institution.

From 2d mo. 11th, 1752, when the first patient was received, to 4th mo. 22d, 1843, there have been:—

Cured,	25,143
Relieved,	4,730
Removed without having received benefit,	2,968
Eloped, and discharged for misconduct,	1,122
Pregnant women safely delivered,	964
Infants born in the Hospital and discharged in health,	907
Died,	4,188
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Remaining in the Hospital,	40,022
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Total,	40,095

*Correspondence of Bavarian Physicians.*—Acknowledgment of the reception of *Medicinisches Correspondenz-Blatt Bayerischer Aerzte*, should have sooner been made. If the publication is continued in Nos. as intended, it must be not only an agreeable mode of gathering local medical intelligence, but also an exceedingly useful digest of practice, and therefore an important periodical for the physicians of Bavaria. An exchange will be made if the channel through which packages can be sent, regularly, is pointed out.

*Medical Miscellany.*—Dr. Robert Patterson delivered the centennial discourse before the American Philosophical Society, at Philadelphia, on the 25th inst.—Dr Geo. Blacknall has been appointed Fleet Surgeon of the East India Squadron. Assistant Surgeons Drs. Richard W. Jeffrey and A. F. Royal go out in the Brandywine.—Dr. Kane is attached to the Chinese Mission.—Dr. Samuel C. Laurason goes out surgeon in the U. S. Sloop St. Louis, and Dr. J. C. Bishop, assistant surgeon for the East India Station.—Dr. J. J. Abernethy, passed Assistant Surgeon, is attached to the Store-ship Lexington, bound to the Mediterranean.—Scarlet fever is represented to be quite rife at Philadelphia.—An abstract of a memoir was communicated on the 29th inst. to the American Philosophical Society, Philadelphia, on the Ethnography of the ancient Egyptians, with specimens illustrative of the author's conclusions, by Dr. S. G. Morton. Dr. Meigs, of the same city, made some remarks before the same Society, concerning the fetal head, at birth, with a table of admeasurements. He attempted to show that it was larger than given by European observers.—Mrs. Margaret Allison Reed, of Mississippi, by her last will and testament bequeathed nearly half of her estate, which was very ample, to Dr. S. Duncan, of Natchez.—Dr. Pereira's work on food, spoken of a few weeks since, has never yet been published, and we therefore labored under a mistake in regard to its being a second edition. Dr. Lee's edition, to be out this week, will be its first appearance.—Just published in London—Observations on the Extraction of Teeth, by J. Chitty Clendon; also Physical Diagnosis of Disease of the Lungs, by W. H. Walshe, M.D., Professor of Pathological Anatomy in University College, and Physician to the Hospital for Consumption and Diseases of the Chest.

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TO CORRESPONDENTS.—No. 3 of the Pathology of Drunkenness, Dr. Knowlton's case of Abscess of the Lungs, Dr. Dixon's note on Ligature of the Anus, Dr. Ely's Statistics of Mortality, Dr. Brown on Curvature of the Spine, and R. C. on Spurious Remedies, have been received.

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ERRATA.—In "Pathology of Drunkenness, No. 2," page 312, line 3, for *professional* read *professorial*; page 314, line 6, for *incurvation* read *innervation*; page 316, line 25, for *process* read *powers*.—In Dr. Abbe's reply to Dr. Brown, page 323, the manuscript should have had the word "if" inserted before "it is more like," in the last line but three, and the last line should read, "then it should be met," &c.

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MARRIED.—In Boston, Joseph Roby, M.D., to Miss Mary C. Sharp.—William A. Davis, M.D., of Springfield, Mass., to Miss A. M. Davis, of Boston.—At Lincolnville, Dr. Edward W. Hook to Miss F. P. Whitney.

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DIED.—At Austinburg, Ohio, Dr. Theodore H. Wadsworth, 34, a native of Farmington, Conn.—On board steamboat Fashion, on her passage from Mobile to New Orleans, Dr. Truman Hart Woodruff, late of Batavia, Genessee Co., 42.—At Newburgh, Baltus L. Van Kleeck, M.D., aged 69.

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Number of deaths in Boston, for the week ending June 3, 44.—Males, 18—Females, 26.—Stillborn, 2.  
Of consumption, 4—dropsy, 1—scrofula, 1—croup, 3—disease of the heart, 5—insanity, 1—debility, 2—dropsy in the head, 2—disease of the lungs, 1—scirrhus affection of stomach, 1—hemorrhage, 1 inflammation of brain, 1—inflammation of the lungs, 1—smallpox, 2—hooping cough, 1—infantile, 1  
Under 5 years, 13—between 5 and 20 years, 3—between 20 and 60 years, 17—over 60 years, 9.  
—palsy, 3—paralysis, 1—child-bed, 3—tumor, 1—fits, 1—influenza, 1—affection of the brain, 1—suicide, 1—sudden, 1.



*A Case of Strangulated Femoral Hernia, in which the Sac was distended with Fluid Blood.* By J. TOYNBEE, Esq. F.R.S., Surgeon to the St. George's and St. James's Dispensary.—As it is important to place on record every variety presented by so interesting a disease as hernia, I take the opportunity of publishing the following case, which displayed some peculiarities worthy of notice.

Mrs. H., æt. 50, tall and thin, and who had been losing flesh for six months, was seized with a pain in the right groin whilst exerting herself in the middle of the day of February 28th. The pain was very acute for some time, but gradually disappeared. Towards evening the usual symptoms of strangulated hernia presented themselves, and on retiring to bed a swelling was perceived in the right groin, which was rather augmented on the following morning. During the early part of the day of February 29th, the patient walked about the house: at 2 o'clock the pain and sickness had considerably increased, and she suddenly fainted, when my attendance was requested. Upon examination I found a tumor in the right groin, of the size of a small hen's egg, produced by a femoral hernia; it was remarkably hard and incompressible, and its size was not at all diminished by the application of the taxis. An operation was therefore determined upon, which I performed the same evening, with the kind assistance of my colleague, Mr. Chapman. Nothing unusual presented itself in the steps of the operation until the hernial sac was exposed; it was of the size of a small walnut, very tense, and perfectly black. Upon laying it open, it was found to owe a great part of its size to the presence within it of a large quantity of dark-colored blood, of the consistence of treacle. At its upper part was a small rounded mass, also quite black, and irregular to the touch. Several coatings of firm fibrine were removed from its surface, and in its centre a very small portion of omentum was exposed, having a dark color, but possessing its natural consistence. Upon a careful examination, finding there was no oozing of blood from its surface, I divided the stricture at Poupart's ligament, and returned the protruded part into the abdominal cavity. No unfavorable symptoms supervened. The patient was quite recovered in three weeks, and has remained well to the present period. The peculiarities in this case, dependent upon the presence of thick fluid blood in the hernial sac, and of the layers of fibrine coating the omentum, are likely to afford some embarrassment to an operator who meets with them for the first time, without being aware of the probability of their existence.—*Lon. Med. Gaz.*

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*Steamboat Explosions.*—All passengers who are exposed to these accidents ought to know, that the steam which spreads through the cabin, when explosions occur, will not scald those parts of the body which are covered even thinly. Thus, those, who are in their berths when such an accident happens, should lie still, and cover up their heads, instead of rising, as has so often happened; and those who are up, might protect themselves by covering their hands and face with an apron, the skirts of a coat, or even a silk handkerchief. Reaching the skin through such a fabric, steam, which would otherwise blister, will scarcely redden it. A further precaution, not unworthy of notice, is to suspend or hold the breath, at the moment of becoming enveloped in the steam, by which its introduction into the larynx and lungs is prevented.—*Western Journal.*

T H E

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ABSCESS OF THE LUNGS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—When for years, and without notes, a physician distinctly remembers many of the prominent symptoms and circumstances of a case upon which he has attended, I regard his doing so as some evidence that a report of such symptoms, &c., will be interesting to other physicians. It is upon this principle that I offer for your disposal the following sketches.

Early in the spring of 1832, Alanson Miles, of this town (Ashfield, Mass.), then aged about 20, farmer, good constitution, was attacked with what was called "lung fever." While convalescent he rode about four miles to see his physician, Dr. B. (now dead), on account of a tumor which had appeared upon his back. Without examining the back the doctor prescribed a blister, and the patient returned home. A week or two after this, a bold quack, of good natural parts (also now dead), called upon the patient and lanced the tumor, or, rather, abscess, which discharged a large quantity of purulent matter, very much to the relief of the respiration and cough, and the entire relief of the expectoration. But the abscess would not heal, nor could the patient recover strength. Six or eight weeks after the abscess was opened, I saw the patient—not as one to whom I had been called, and to whose case I felt bound to pay any great attention. The discharge was still very profuse and fetid; the patient very feeble, but the digestion not bad. The opening was not more than an inch and a half from the spine, on the left side, and about as low as the inferior angle of the scapula. With the little effort I then felt disposed to make, I did not succeed in passing a probe to the inside of the chest; but from the history of the case, and especially the immediate cessation of the expectoration on the lancing of the abscess, I had but little doubt of the existence of a pulmonary abscess, which, from lying much upon the back at the time of its formation, or from some other cause, had formed a passage between the ribs at an unusual place.

To improve the condition of the abscess, and the system generally, I prescribed, besides some injections, tinct. canth., internally quinine and elix. vit., which were continued for a few weeks with some benefit, but not such as to encourage perseverance, and further medical advice was



not sought. But in the following December—nine months or so from the time the abscess was opened—being in the family on a visit to another patient, a neighbor who chanced to be in said to me, as I was about to leave, “Doctor, can’t you do something for Alanson?—it is such a job to take care of him.” “I don’t know, I’ll see to-morrow,” was my reply. I could then find but little in my small library to direct me in such a case; but as it was generally believed that the patient would not recover, and as his condition was truly deplorable, I resolved to do something “upon my own hook” which would be likely to have decided effect. So on my next visit I took along with me a female catheter, a six-ounce syringe adapted to it, chloride of lime and corrosive sublimate.

The state of the patient at this time I cannot fully describe, for, as before intimated, I took no notes, but he was “an object to look upon.” His hair was nearly all fallen off; his body much emaciated, and stooping forward, but his face, wrists and ankles were œdematous; the fingers were clubbed as they often are in the latter stages of tubercular phthisis. There was a continual profuse discharge of very fetid purulent matter, night sweats, and doubtless all the symptoms of hectic, yet he was able to walk from one room to another.

Placing the patient upon his knees on the floor, with his head and shoulders resting upon a pillow in a chair, and pushing the integuments of the back upwards—the orifice through which, in its natural state, proved to be some two inches lower than the orifice between the ribs—I succeeded in passing the slightly curved extremity of the catheter into the chest, and drew off full two thirds of a pint of fetid purulent matter. After the larger part of this matter had passed, the stream of it ceased to be continuous, as, during each inspiration, the matter not only ceased to run, but what was in the catheter was drawn back, together with air, into the chest. Injections of a solution of chloride of lime were now repeated until they returned nearly clear. As they excited no cough or pain, it was evident that the walls of the abscess were entire—excepting the opening through the back—and to excite a new action, as I would in any other chronic abscess, I injected three grains, by *guess*, of corrosive sublimate dissolved in about three ounces of warm water, the larger part of which was left in the abscess mixed with the remains of the former injections of the chloride of lime. Within twelve hours after this, frothy free pytalism, without much soreness of the mouth, came on; also colicky pains and free purging. In less than twelve hours more, all œdematous swellings were removed, and I then gave an opiate, which greatly relieved the symptoms produced by the sublimate. Nothing more whatever was done for this patient. The abscess healed entirely within a week. I did not even see him again until the following April, when his appearance was so changed that I did not know him—being a stranger to me before his sickness. He worked out for full wages, upon a farm, the following summer—has ever since enjoyed uninterrupted good health, no shortness of breath, has a family of healthy children, and still lives in Ashfield.

The foregoing case reminds me of another of more recent date, the

more prominent features of which I will briefly relate, and leave it for the reader to give it such name as he thinks most proper.

In the spring of 1842, a Mr. Cook, aged about 30, then living in Cummington, was confined two or three weeks to his house by what was called lung fever. Having nearly recovered, as was supposed, he went to his father's in Plainfield; soon after which a tumor formed upon his right side, and a new physician was called. The particular treatment adopted at this time by this second physician I do not recollect; but the tumor proved to be an abscess, and after continuing to discharge matter for some weeks, I was requested to call upon the patient, as I was about to pass his residence. With nothing but ulcers, abscesses and carious ribs in my mind, I found the patient without manifest symptoms of disease in any important organ. By gentle probing, of which the patient complained, I discovered no indications of diseased ribs. The opening of the abscess was from three to four inches from the spine, and nearly on a level with the lower extremity of the sternum. The discharge moderate. I was not requested to take charge of the patient, and made but little inquiry into the history of his case. I did not learn at that time that he had been sick at Cummington, and prescribed nothing but a little chloride of soda to be injected into the abscess. I neither saw nor heard anything more of the patient for three or four weeks, when I met him some miles from his home, driving briskly in an open carriage in company with two ladies. I did not speak with him—supposed him cured, though his countenance still indicated that at least he *had* been sick. About a month from this time, to wit, on the 27th of August, passing by his father's, and about to be overtaken by a shower which proved the heaviest we have had for several years, I drove under cover and went into the house. I found that the family believed Mr. Cook to be near his end. He was lying upon his bed, but able to get up and walk to his chair without assistance; no great emaciation; pulse 73 and regular; no decided febrile heat; breathing apparently natural and easy; rational and able to converse. Having observed thus much, I was rather surprised that the patient should be thought to be in immediate danger, and I therefore resolved to examine him closely and in order "from head to foot."

To note the *absence* of all the symptoms to which I directed my inquiries, would extend this paper to great length. Suffice to say, that with what little tact twenty years' reading and practice had given me, I could not discover any immediate danger as to life, and told the patient so. The abscess was discharging not more than from one to two ounces of thin purulent matter in twenty-four hours; and nearly no cough. The chief positive symptoms of disease, besides those already mentioned, were, deficient appetite; retching and vomiting at intervals, without nausea; bowels rather inactive, but easily moved; head not pained, but "did not feel quite right;" strong light disagreeable; and a slow, deliberate, drawling manner of speaking, which last I regarded as natural, or at most as indicative of despondency; for I did not suspect the head, nor did any one else.

He was not under the regular care of any physician, but was taking



some stuff which had been left him by a travelling *doctress* who was now in parts unknown. His bowels had not been moved for three or four days, and I therefore left him, by request, a few quarter grain calomel pills, one to be taken every two hours, and to be followed with comp. infusion of senna; and left the patient without any engagement to see him again. Unexpectedly, however, business brought me by his door in the forepart of the next day. I went in, and was rather surprised to find the patient surrounded with relatives and neighbors. He had had a tolerable night, had not vomited since taking the first pill. Symptoms in other respects much the same as yesterday, except some indications of derangement in his ideas. In particular, he had said that he should not live long, and a Mr. ———, whom he knew was then living in Ohio, would be the proper person to toll the bell. I now instantly passed in review the debility, without sufficient obvious cause, the vomiting, the drawling speech, the *moderate pulse*, and remarked to the relatives that if there was any immediate danger in the case, it must be owing to some disease of the brain, which was quite possible. This was on Sunday. I saw no more of the patient while living, nor did any other physician. But on Tuesday I learned that he did not move the left arm, was comatose, could swallow only with difficulty, &c. He died the next Thursday, about noon.

The physician who attended upon the case at the time the abscess opened, or was opened, had given it as his opinion that the matter thence discharged came from the liver, and desired a *post-mortem* examination. Accordingly on Friday, he, in company with Dr. Joy (who attended upon the patient while in Cummington), and myself, made such examination.

Having ascertained that the matter discharged from the side came out from between two ribs, at a point about three inches higher than the cutaneous orifice, an edge of one of the ribs over which it passed being slightly carious, we turned the subject upon the back, and proceeded to open the chest and abdomen. The liver was found quite sound. Small miliary tubercles were thinly and pretty uniformly scattered throughout both lungs, more in the right than in the left, but no groups or clusters of them in either. Both lungs were otherwise sound, crepitous throughout, no hepatization, no effusion within the chest, yet the right lung firmly adhered, for a considerable extent, to the ribs. No manifest indications of disease of the heart, or any of the abdominal viscera, so far as examined.

On looking into the chest, after having removed the lungs, a tumor, as I will say, much of the size and shape of half a hen's egg, divided longitudinally, was seen high in the chest, upon the right side. It was, in fact, a well-defined collection of matter, between the pleura costalis and pulmonalis, and by pressure it could be made to pass, in a small and fistulous tract, downwards over the internal face of three or four ribs, then outwardly between two ribs, as before indicated.

If, during the life of the patient, the skin—and there was little but skin—lying over the external depot of matter, had been slit up, it would

apparently have been an easy matter to have forced injections into the internal abscess. But at this time I did not even suspect the existence of this abscess. I did not know of the sickness in Cummington until after the subject was laid upon the table for examination. I then instantly thought of the foregoing case, and predicted a collection of matter within the chest. So much for not duly extending my inquiries into the history of the case.

Not having discovered sufficient disease to account for the death of the patient, the head was examined. But as neither of us was competent for making a very nice examination of the brain, and as we were searching for the cause of death rather than for the purpose of making a useful report to the profession, I shall merely say, that the membranes of the brain exhibited many turgid vessels; that at least a gill of serum flowed from the ventricles, which ventricles did not collapse, but stood open, the lateral ones at least, presenting cavities sufficient to receive each a man's thumb; that there was a little jelly-like and straw-colored matter adhering to the *crossing* of the optic nerves; and that some parts of the substance of the brain were much softer than others, though no part was decidedly disorganized and diffuent.

I have honestly, if not minutely, reported the case of Mr. Cook; and that any *enlightened* physician, present at the examination, should *honestly* report, not in my presence, but among his friends, that the patient died of consumption, surpasses my comprehension. But whether it would be most proper to report the case as one of pleurisy, or meningo-cerebritis of a low, sub-acute form, if compelled to do either, without speaking of complications, I say not.

CHARLES KNOWLTON.

Ashfield, May 30, 1843.

#### REMARKS ON THE PATHOLOGY OF DRUNKENNESS, WITH PARTICULAR REFERENCE TO DR. SEWALL'S PLATES.—NO. III.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 319.]

WE propose in our present No. to treat of the "*Stomach of the Drunkard*," as displayed in the light of pathological anatomy. Dr. Sewall claims to have exhibited (*Plate II., fig. 1 and 2*) a fair *type* of the morbid changes produced by the free use of alcoholic drinks upon this all-controlling vital organ; and to him belongs the credit and the honor of having been the first to attempt to exhibit to the eye, the ravages of alcohol upon the gastro-enteric surfaces. A candid critic would regard such an effort with indulgence, if not with entire approbation, and knowing that the motives which prompted it must be pure and praiseworthy, if he could not praise, he would, at least, be silent or slow to condemn. More especially would this be the case, if he had no observations or experience of his own, to oppose to the positive facts of the author, over whose works he constitutes himself sole arbiter and judge. Whether the plates of Dr. Sewall have always been thus treated, we leave for those to



determine, who may be acquainted with the commentaries upon them, contained in the political journals of the day.

We shall first give the results of our own observation, and then offer a few suggestions on the illustrations in question.—Where a person has been in the habit, for any length of time, of indulging in the excessive use of alcoholic stimulus, we have invariably found the mucous membrane of the stomach presenting morbid changes. These are modified by such a variety of circumstances, a few of which were detailed in our first No., that the appearances by no means correspond in different subjects; though there is a common type running through them all, of so striking and well-marked a character, that the experienced eye will be able to detect them, almost at a single glance. Portions, if not the entire surface of the stomach, will be found of an unnatural color, and always more or less softened, or entirely abraded of its mucous coat. In cases of comparatively recent origin, the mucous membrane will generally be found thickened, with a deposit of lymph upon its surface, or an effusion of serosity into its subjacent cellular tissue. Under such circumstances, the stomach will contain a quantity of inspissated and tenacious mucus, or purulent matter, and the vessels, both arteries and veins, will be found fully injected, giving it a dusky florid hue. We have found, in several instances of this kind, patches of a dark livid or blue color (similar to those represented on Plate II., fig. 1), owing to the extravasation of blood into the sub-mucous cellular tissue, whence it had spread into the proper villous membrane. Whether this be owing to the rupture of minute capillaries, or to vascular exosmosis, it is not easy to determine; although, judging from what we observe on other mucous surfaces, these ecchymoses are probably due to the latter cause. Occasionally we find patches of ulceration scattered over the gastric mucous membrane of the drunkard, which is not at all remarkable, considering the delicacy of its organization, the variety of its functions, and, above all, the nature of the substances with which it is sometimes brought in contact. These ulcerations are extremely variable both as to shape and depth, and duration. In the case of St. Martin, upon whom Dr. Beaumont's experiments were performed, after the "free use" of spirituous drinks for a few days, erythematous and aphthous patches appeared upon the mucous surface, exuding small drops of grumous blood, and muco-purulent secretions, resembling the discharge from the bowels in cases of chronic dysentery, which entirely disappeared on the withdrawal of the cause, in the course of five or six days. In this case, too, the mucous membrane appeared thickened or hypertrophied, and the gastric secretions were all vitiated, although "no very essential aberration of the function of the stomach was manifested." But it is not uncommon in such subjects to find ulcerations of the mucous membrane, of a jagged, irregular form, with slightly elevated, and indurated edges, either hard, fissured, or granulated, varying in size from that of a pea to a dollar, or larger; and we have seen instances in which the whole mucous membrane had been removed by a gradual process of ulceration and softening. The edges of these erosions are usually highly florid, or brownish; they are often covered with an aphthous crust which conceals

their depth, and the subjacent textures are for the most part in a state of hypertrophy.

Where habits of intemperate drinking have been long persisted in, the disorganization of the mucous membrane will be generally complete, it having gone through every grade of pathological change,—slight injection—increase, and then loss of innervation, permanent congestion of the capillaries, hypertrophy, softening—ulcération—erosion, or abrasion of the mucous coat, (sometimes gangrene)—death. But few are the cases, however, where the wretched sufferer survives during the accomplishment of all these successive and inevitable changes. Predisposed, as every organ is, to the attacks of disease, he early encounters some malady, over which, in such a morbid condition of the system, medicine has no control, and to which he speedily falls a victim.

It is a remarkable circumstance, and one which shows in a very striking light the recuperative powers of nature, that ulcerations of the character above described, will heal, or undergo a process of reparation, upon the withdrawal of the cause (alcohol) which produced them. We see how readily ulcers cicatrize on the skin and other parts of the body, and there can be no doubt that they heal with equal facility upon the gastro-enteritic mucous membrane, provided they are left at rest, and not stimulated by the application of artificial excitants. We have noticed, in a few cases, of reformed drunkards, after death from other diseases, numerous cicatrices in the stomach of a bluish color, having a dense texture, of a fibrous character, differing wholly in appearance from the natural healthy tissue, having their edges thickened and puckered, as represented in some of the plates of Cruvelhier's "*Pathological Anatomy of Man*"—(*Livraison X.*, p. 7, plates 5 and 6). Such reparation, however, we have reason to believe, is extremely rare, if indeed it ever occurs, where the intemperate or even moderate use of alcoholic drinks is persisted in, after these ulcerations have already formed, as the irritation which they keep up successfully baffles all the salutary efforts of nature. But where bland substances, like farinaceous food, only, are brought in contact with them, a fibrinous substance, where the ulceration is deep, forms at the base of the sore, which subsequently becomes a granulating surface, pouring out a thin muco-purulent fluid, and this process goes on until the ulcer is completely filled, and presenting the appearances already described. And there is another fact well known to the pathologist, but of which reformed inebriates are generally ignorant, namely, that the substance composing the new mucous membrane, possesses very different properties from those of the old, it being destitute of follicles, whose function in a healthy stomach is to secrete mucus, and having a texture enjoying a lower degree of vitality, and consequently more exposed to, as well as more rapidly destroyed by, subsequent attacks of disease. We do not wish to be understood as maintaining that the ulcerations in question, are caused solely by spirituous drinks; we know they are produced by other causes, and are not unfrequently met with in typhus and other fevers, as well as in other diseases, even when their existence is not suspected during life. Indeed, it is a peculiarity attending these morbid



changes, that they are often unaccompanied with any well-marked symptoms during life; and when they do give rise to morbid phenomena, the latter are of so obscure and ambiguous a character, as to enable us to form no certain diagnosis as to the real pathology of the case. There may be an obscure pain in the epigastric region, nausea, occasional vomiting, colicky uneasiness, together with other symptoms of erosive gastritis, but these often attend mere functional disorders of the stomach, as well as organic affections of the same organ. If there is much fever and emaciation, attended with vomitings of blood, we may, with greater confidence, predict the existence of such pathological changes. But after all, our diagnosis is obscure and doubtful.

In many cases, where persons have been long addicted to the free use of alcoholic drinks, especially distilled liquors, but have not carried it to that excess as to deserve the name of drunkards, or of ever being called intemperate, we often find a degree of discoloration, and an amount of disease in the mucous membrane of the stomach, as great, and sometimes even greater, than in some confirmed drunkards. These are the persons who break down early under the use of artificial stimulants, whose organs oppose a less successful resistance to the attacks of morbid agents, and who sink under diseases, which ordinarily are unattended with danger. And such constitute a majority of those usually denominated drunkards.

We have already observed that the *color* of the mucous membrane, in these cases, is very variable, ranging from an ashy paleness, through every modification of red, yellow, brown and purple, to black. Since our last article was written, we have had an opportunity of examining the stomach of several drunkards, and while we have been struck with the above fact, we have also noticed that the portions of the stomach most apt to be discolored and ulcerated, were the *cul-de-sac*, and great curvature, doubtless from their being more in contact with the alcoholic irritant. A few days since we examined the stomach of a man who had abstained from intoxicating drinks for about a year, after having for several years been addicted to their intemperate use, but for the last four weeks had again been indulging to the extent of daily intoxication, in the same liquors. He was killed by a blow in a drunken fray, while in a state of intoxication, and about two hours after having ate a hearty dinner. The following notes were recorded at the time. "The stomach contained about a pint of half-digested food. On removing the contents and carefully washing the inner surface, the whole of the lower portion, surrounding the pyloric orifice, together with the greater curvature, were completely suffused and injected, as if it had been covered with a coating of red paint. There were no rugæ visible, but the mucous surface generally, was more highly vascular than natural. On holding up the stomach to the light, the arteries and veins presented a most beautiful appearance, the former presenting a vermilion and the latter a purple color, and ramifying in every direction so as to occupy the greatest part of the surface. A considerable portion of the mucous membrane was covered with small dusky or vermilion spots, which, at first, were taken for extra-

vasations of blood ; but on examining them with a microscope, they were found to be produced by a thick cluster of minute capillaries. The texture of the mucous membrane was softer than natural, and covered with a thick and glairy mucus." In this case the morbid changes were not very great, and as death occurred suddenly during the process of digestion, it is highly probable that the vascularity was, at least, in part due to this cause. The specks which were so freely scattered over the surface, were evidently caused by an injection of the interlaced capillary vessels supplying the mucous follicles, as the membrane at these points was sensibly elevated and swollen, from tumefaction caused by the increased vascularity.

As our purpose is to give results, rather than the history of individual cases, we shall proceed to offer a few remarks on a pathological condition of the gastric mucous membrane, not noticed by Dr. Sewall, but which, according to our observations, may be regarded as characteristic ; we mean a softening of this tissue. *A priori* reasoning would lead us to believe, that where so sensible and delicate a tissue as that which lines the human stomach, had been subjected for weeks, or months, or years, to the almost constant application of so acrid a stimulant as alcohol, the increased innervation, congestion and consequent phlogosis thus induced, would terminate in a general softening of the tissue, and, if life were sufficiently protracted, to its actual disorganization. And such we have found to be its actual condition in such cases. The first effect of alcoholic liquors upon the stomach, in a person unaccustomed to their use, is an exaltation of all its functions, innervation, secretion, muscular contraction, nutrition. Hypertrophy or a thickening of all its tissues follows as a necessary result. The digestive process is accelerated, the food passes from the stomach in a shorter space of time, and to all appearance the general health is benefited rather than otherwise, provided the quantity of stimulus taken is not excessive. In a few days, or weeks, or months, according to the degree of indulgence, a different train of symptoms appear ; the premonitory signs of gastritis, under the popular name of dyspepsia or indigestion, begin to occur ; the gastric mucous surface has become the seat of a chronic irritation ; its bloodvessels are permanently congested ; its tissue is softened and brittle, and perhaps studded over with small ulcerations, either covered with an aphthous crust, or a muco-purulent matter, sometimes mixed with blood. Nausea and vomiting, the kind monitors that nature sends to teach her erring children to withhold the poison that is preying upon their vitals, prompts the victim of self-created appetite to abstain for a while, till her plastic hand repairs the mischief, and restores the healthy function. The respite, however, is but temporary. Led on by a morbid taste, he easily falls a prey to temptation, to which a weakened moral sense opposes but a feeble barrier. At length, that power, the guardian angel of animal existence, tired with fruitless resistance, and her forces prostrated by reiterated attacks, ceases her conservative efforts, and gives up her temple, the body, to the operation of those chemical laws, against which she has so long waged an unequal, and, as the result has proved, an unsuccessful warfare.



The degree of softening of the gastric mucous membrane will be proportioned, *ceteris paribus*, to the length of time during which this warfare has been carried on. We have already described its first stage. In the second, its cohesive powers are so far destroyed, that the slightest motion over it with the finger, converts it into a soft and grayish pulp, having no appearance of an organized tissue, nor possessing any of its properties. In some cases, especially those in which the patient had, for some time before death, either vomited up his food, or had but little appetite for it, and where alcoholic drinks had constituted the principal if not the only ingesta, large patches, if not the whole of the mucous coat will be found wanting, the sub-mucous cellular tissue, in a state of disorganization, forming now the inner coat, or itself also having been removed, in a like manner. Such a case came under our observation not long since, in an Irishman, whom we had known as an incorrigible drunkard for at least fifteen years, and who during the last six months of his life had been able to retain but little food upon his stomach. Brandy, gin and rum constituted both his food and drink; and while he could obtain these, he desired nothing else. At length he died in a fit of delirium tremens, and on examination there was no gastric mucous membrane to be found, the muscular coat being exposed, as if it had been laid bare with a scalpel. In other cases of drunkards we have often seen what Cruvelhier has called "*gelatiniform softening*," where all the tunics of the stomach could be torn with the greatest ease, the cellular and mucous tissues having been reduced to a jelly-like consistence. We are satisfied that such stomachs are more common than is generally supposed, for, from the known properties of alcohol, and its strong affinity for water, it must directly tend to destroy the vital cohesion of the tissues with which it comes in contact. Such an opinion, moreover, is fully confirmed by positive observations. From some facts which have come within our notice, we have been led to connect nervous tremblings and irregular action of the muscles, with this pathological condition of the stomach; further observations, however, will be necessary to fully settle the question, whether they sustain to each other the relation of cause and effect. To recapitulate, then, we would say that in a healthy state the gastric mucous membrane may be easily separated, and removed in shreds of strips, possessing a good degree of cohesion; in the first grade of softening from alcoholic drinks, and other causes, it can scarcely be detached in shreds, nor with the greatest care to that extent as in health, and it may easily be removed by scraping with the finger nail. In the next degree we find it still more easily reduced to a pulp, and not possessing sufficient tenacity to be separated at all in shreds; and we have only to proceed a grade higher, when portions or the whole of it will be found entirely wanting, the sub-villous tissue appearing quite bare. The portions of the stomach from whence the mucous coat is usually first abraded, are the most depending parts of the larger curvature, where food and drinks are necessarily more in contact with its surface.

The color of the mucous coat in these cases, as already observed, is various, according to the stage of the disease (for such it is), modified, however, by circumstances already detailed. In the early stages, accord-

ing to our observation, it is crimson-red, brick-red, or brown, passing thence occasionally through every grade of hue to purple. In some protracted cases of drunkenness, we have found the gastric surface of a dirty-ash or grey color, especially where the mucous coat had been abraded. In some instances the color did not appear to vary much from its natural hue.

When we consider that the tissues of the stomach are of an extremely delicate texture, that its nerves and bloodvessels are more abundant than those of any other organ of the body; that its nerves especially are remarkable not only for their number, but also for the variety of the sources whence they are obtained, we shall understand why it is that this organ is more exquisitely sensible than any other; why it partakes of all the general actions of the system; why it sympathizes in all the changes in its individual organs; why it constitutes a common centre by which all the organic functions are connected together, and their motions regulated; why it is so susceptible to the influence of unnatural stimulants, and from their application undergoes such important changes, both in texture, color and function.

In *Plate II., fig. 1st*, Dr. Sewall has aimed to represent the stomach of the confirmed drunkard. The bloodvessels appear permanently enlarged and congested, and the whole inner surface of the stomach is of a deeply florid hue, appearing in the form of minute specks as if sprinkled with vermilion, with the exception of a few patches of livid or bluish purple color, similar to what we have already described as found in such cases, and caused by an extravasation of blood into the sub-mucous or cellular tissue. The most that Dr. Sewall claims for this plate, as we suppose, is that the appearances which it is intended to illustrate, occur so frequently in the stomach of confirmed drunkards that it may stand for the *type* of what exists in such cases. When compared with what is actually seen in autopsic examination, there would doubtless often be found many circumstances in which they would differ; in one case, the red coloring would be too deep; in another, too pale; the same also with the blue spots; and yet the plate would accurately set forth the average appearances. In short, it would be a sufficiently accurate *type of the drunkard's stomach*. We are satisfied that no objections can be raised against this plate, which might not with equal propriety be raised against any of those of Bright, Carswell, Cruvelhier, Andral or Horner. On the large scale, everything must, of course, be exaggerated, coloring and all. We approve also, generally, of the comments which Dr. Sewall has offered on this plate; as they express no more than what we have often witnessed in our own dissections, as well as those of others. The bloodvessels have become so much enlarged as to retain their unnatural size after death. We have also, in some instances, found "all the coats of the stomach thickened and indurated, preparing the way for scirrhus and cancer;" but these are diseases which we have no reason to believe are occasioned particularly by alcoholic stimulants. That they may result from such a cause, may be safely admitted, and yet their infrequency in the cases of the intemperate proves very con-



clusively, that this agent (alcohol) exerts no specific effect in the production of these morbid affections. They may, and do, occasionally occur in the stomachs of the temperate. It is also a fact arising out of this pathology, that reformation can only be effected by total abstinence. As long as an unnatural stimulus is applied to the mucous membrane, so long will its functions remain abnormal, its bloodvessels preternaturally congested, its nerves shattered, and nothing but a total withdrawal of the cause, whether in the more concentrated form of distilled spirits, or the more bland, but deceptive compounds of fermented liquors, will effect a restoration to healthy structure and function. It is perfectly astonishing in such cases to witness the extraordinary, renovating powers of nature. A person who has been in the habit of the intemperate use of alcoholic drinks for years, who, from disorganization of his stomach, has lost both the desire for food as well as the power of digesting it, has but to abstain entirely for a few weeks or months, and the healthy functions of this vital organ appear to be in a good degree restored. Appetite returns; digestion, assimilation and nutrition seem to be performed with their usual vigor, and flesh, and strength, steady nerves and a clear head, follow in their train. But the stomach of a reformed inebriate is ready to take fire at the first approach of the fiery element. Instantly, on its application, the bloodvessels again become dilated, its morbid sensibility reproduced, the smothered cravings of unnatural thirst restored; and if indulged, the same distressing symptoms from which he has been relieved, succeed.

"Facilis ascensus Avernii,  
Sed revacare gradum, hic labor, hoc opus est."

But the longer total abstinence is practised, the easier it becomes. Here is a pathological condition to be overcome, morbid functions to be restored, and nature will allow no dallying with the enemy who has entrenched himself within her strongest citadel. There must be a total evacuation of the premises, before the victory is complete; a yielding too of all the outposts, before its fruits can be fully enjoyed. It is a question yet to be determined, whether the mucous membrane of the stomach, in cases of protracted drunkenness, is ever entirely restored; whether it does not always bear marks of the violence and disorganization which it has previously suffered.

Where the structure probably remains entire, or without perceptible change, it is a fact of every day's observation, that the modifications of nutrition, secretion and innervation superinduced by long-continued irritation, disappear on the withdrawal of their cause, and the natural functions become restored. We have already stated that patches of abraded gastric mucous membrane, are renovated, as is often seen in the mouth, where portions of the same tissue are destroyed by ulceration. But to what extent this process may be carried, and whether it is adequate to the restoration of the entire mucous lining of the stomach, in cases where such deficiency exists, is a question which, in the present state of our knowledge, we are wholly unable to determine. From the restoration of the

functions of the stomach, however, we may infer, with a good degree of probability, that the tissues have been also renovated. Digestion, for example, cannot be carried on without mucus—healthy mucus cannot be secreted, except from healthy follicles; and there can be no follicles, if the mucus tissue, in which they are situated, is destroyed. As this secretion, however, in such cases, is apparently restored, we are led to infer that the tissue, whose function is to supply it, is also restored.

*Plate II., fig. 2d*, presents a view of the ulcerated or apthous condition of the drunkard's stomach. From the experiments of Beaumont we have reason to believe that this pathological state frequently exists, although not manifested by any very decided symptoms. As we have already described the appearances, presented in such cases, we shall not enter on the subject here. It is very obvious that this is a morbid change, difficult to illustrate accurately by pictorial effort; and yet Dr. S. has succeeded in exhibiting it with a sufficient degree of accuracy. Though it may not compare, in point of finish, with some of Carswell's drawings of a similar character, yet it answers the purpose for which it was prepared as perfectly as any of those given us by the latter. The remaining plates must be reserved for future comments.

#### REMOVING THE VERGE OF THE ANUS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—I regret that the correspondent who speaks of his want of success in applying my method of removing the verge of the anus, should have been so vague in his communication. The expression—"The results were not as he had been led to expect," conveys no definite idea. If the ligature was successfully *applied*, and tied with sufficient tightness to strangulate the four separate quarters of the verge, the result must have been successful in removing the prolapsed part. Indeed, an inefficient application absolutely implies some error of the operator.

I would have published "cases," could they by any possibility have served to illustrate the application. The plate was of course far more suitable for that purpose, and fully conveyed to the reader the manner of the plan adopted by me. Nothing can be more sickening than the attenuated twaddle often inflicted upon the reader in the detail of cases. So much for the method.

Allow me to add, that whatever plan may be adopted the prudent surgeon will always prefer the ligature to the knife—where it is necessary to remove the verge. There are several cases within my recollection, in which death has resulted from the hemorrhage following the use of the knife.

With much respect, your ob't serv't, E. H. DIXON.

New York, May 22, 1843.



## MORTALITY IN ROCHESTER, N. Y.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I have not been able to obtain the statistics of mortality in this city of an earlier date than May, 1837. Since that period, a record of deaths has been kept; but, as is too often the case, the want of an accurate and suitable nomenclature of disease, and the fallible sources whence its facts are derived (no professional statement or certificate being required), must render it, for any accurate, scientific purpose, of but questionable value.

In 1838 the annual mortality was 361; in 1839, 463; in 1840, 434; in 1841, 427; and in 1842, 438. The population in 1840 was 20,191; so that for five years, the average annual mortality has been 1 in 47½.

The deaths by consumption during the same term, have been 53, 94, 102, 74, 96; and from all pulmonary diseases—81, 134, 173, 120, 147. The proportion which consumption bears to the whole mortality, is therefore 19.7 per cent.; while of all pulmonary diseases, it is 30.85 per cent.

In connection with the variable mortality by consumption, in different years, we find the annual mortality from summer complaint to have been 43, 35, 17, 32, 26—showing that the fatality of this disease has been inversely as that of consumption.

The deaths from scarlet fever have been 25, 68, 11, 25, 27. From whooping cough, 2, 7, 34, 4, 8. From measles, 3, 8, 7, 10, 16.

The annual mortality for five years has been nearly as in Boston, for the same period; the difference being as 1 in 47½ to 1 in 48. The proportion of deaths by consumption in Boston is only 13.2 per cent., affording a difference in favor of Boston, in this respect, of nearly one third.

W. W. ELY, M.D.

Rochester, May 25, 1843.

## HAS A PHYSICIAN FEELING?

[Communicated for the Boston Medical and Surgical Journal.]

IT is a common observation, that familiarity with scenes of distress tends to make callous the sensibilities, and render obtuse those sacred emotions which "feel a brother's pain, and weep at another's woe." By some, the physician is considered a sort of "necessary evil," a being commissioned on errands of mercy, yet destitute of the common feelings of humanity. Are these opinions founded in truth? Is it certain that he who waits with anxious care for hours at the bed-side of his patient, watching every symptom, and the effect of every effort made for the alleviation of distress and the preservation of life, is wanting in Christian sympathy, and tender regard? Far from it. If any man on this green earth possesses a heart big with affection for others, if any one is qualified to exercise genuine sympathy towards the distressed and needy, it is the *real* physician. I speak not of that pseudo race of doctors, those cursed cosmopolites, who wander from Dan to Beersheba with pretended wisdom,

astonishing fools and gathering lucre ; I speak not of him who rests upon any human theory as the *only* foundation of faith and practice ; I speak not of him who sees a balm for every ill in the productions of the vegetable kingdom ; nor of him, who, " with phiz demure," attenuates his magic remedies to infinity ; nor of the coxcomb, who with an M.D. proudly crows over the follies of quackery, and the victims of a miserable delusion : but I speak of the physician who is skilled in all that pertains to his profession, and whose chief delight is, not to cut off limbs, but to go to the abode of distress, sacrifice time, comfort, and at times even health, to render those acts of kindness which a pure and holy benevolence alone can prompt.

Has a physician feeling ? Answer it, ye who have left your beds of down, who have driven through piles of snow and gusts of sleet to the hovels of the poor. Answer it, ye who have hung with breathless anxiety upon the words of the man who scarcely dared to inform his patient of his real condition, lest the feeble glimmer of hope should go out, and the lamp of life be extinguished. Yes, a physician may feel deeply for his patient, but he will never permit his sympathies to rise above and control his reason. He has a heart that can yearn over the afflictions of a fellow being, but he never allows his energies to be paralyzed by excessive emotions. While at the side of the sufferer he may be melted into tenderness, yet he is collected and firm ; he deliberates with judgment, he decides with caution, he acts with decision.

Such a man is a blessing to the community in which he resides. While living he is regarded as a friend indeed by those who may be favored with his kind offices ; when dead his name is hallowed, and his memory sweetly cherished in the hearts of all who knew him.

June, 1843.

HESMANCE.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

JUNE 14, 1843.

*Insane Poor in Connecticut.*—At the late May session of the Legislature of Connecticut, a joint select committee made a creditable report in regard to the insane poor of the State. One expression in the document is particularly worth holding up to the pur-blind optics of some of our own representatives when they talk about wasting the public money for benevolent purposes. "Your committee," say they, "are able to show that the State, in a pecuniary point of view, would be benefited by a liberal appropriation for the relief, and restoration to health and reason, of the insane poor." Then follows a tabular statement, by Dr. Hunt, exhibiting the expense of supporting twenty chronic and twenty recent cases of insanity, now in the Retreat. On account of the value of the deductions from these, which may be of importance to some one who is pursuing a similar inquiry, a part of the paper of Mr. Gridley, the chairman, is subjoined.



"The tables contain a list of twenty chronic and twenty recent cases of insanity, the former embracing those who have been longest resident at the Retreat for the Insane, near this city; the latter those who have recently been discharged cured, in their order.

"The average age of those who have been found to be incurable is 39.6 years—average time spent at the Retreat, 12.5 years, and the average expense incurred, \$2,239 10.

"Their aggregate ages are 792 years—the whole period spent at the institution 241 years; and the sum total of their expenses, exclusive of clothing, \$44,782.

"All are enjoying a comfortable measure of bodily health, and will probably live, most of them, materially to increase the enormous expense which their deplorable malady has already rendered necessary.

"Of the recent cases it appears that the average age is 36.65 years—the average time spent at the Retreat, 119.2 days, or a little less than four months, and the average expense, \$65 80.

"The aggregate ages of all those contained in this list are 733 years—the aggregate amount of time spent by them at the institution, seven years, one month and four days, and their whole expense, exclusive of clothing, \$1,308."

Here follows a resolve, which will meet the approval of the people, since it promises a speedy relief for a class of sufferers whose claims cannot be denied.

"Whereas, at the session of the General Assembly held in May, 1842, an appropriation of at least \$2000 per annum was made in aid of the insane poor, and whereas the Retreat for the Insane at Hartford has not at present suitable buildings for the accommodation of the insane poor, nor has said Retreat the present means of erecting such buildings:

"Now, therefore, in order to encourage said Retreat to erect such buildings, it is hereby *resolved*, That the Governor of this State, as commissioner under said resolution of May, 1842, be, and he hereby is, authorized to *advance* to said Retreat said annual appropriation of \$2000 per annum, for the ensuing five years; that is, to advance said Retreat \$10,000, instead and in lieu of the next five years' annual appropriation of \$2000. And the Comptroller of public accounts is hereby authorized and directed to draw an order on the Treasurer of the State in favor of said commissioner for said \$10,000, in lieu of the annual sum of \$2000 for the ensuing five years as now directed, provided that said commissioner on advancing said sum of \$10,000 shall take proper contracts on the part of said Retreat to support the insane poor at said Retreat on such terms as may be agreed upon between said commissioner and the officers of said Retreat, and provided further, that the relief to be furnished to the insane poor under this resolution should be extended through said period of the ensuing five years, and be as nearly equal in each year as can conveniently be made.

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*Retreat for the Insane at Hartford, Conn.*—Time flits away with astonishing rapidity. It seems but a little while ago that the Retreat, at Hartford, was organized, yet the 19th annual report demonstrates the fact that years have since rolled away. Nothing essential to the success of the establishment appears to be wanting. Having examined the edifices and

the extensive grounds, and seen the unhappy patients occasionally, we can speak without hesitation of the excellent arrangements, of the value of the curative efforts made by those who have had charge of the institution, and of the fitness of every thing and every body belonging to the Retreat.

Number of patients admitted since the opening of the institution, 1247 ; number of patients admitted during the past year, 83 ; number of patients in the institution during the past year, 172 ; number from Connecticut in the institution, 116 ; number from other States in the institution, 56 ; married, 56 ; single, 116 ; males admitted during the past year, 50 ; females admitted during the past year, 33 ; number whose insanity is of more than ten years' duration, 37 ; number whose insanity is of more than five years' duration, 13 ; number whose insanity is of more than one year's duration, 49 ; number whose insanity is less than one year's duration, 62 ; number the duration of whose insanity is unknown, 11.

In the 5th table of the report, we learn that 76 were discharged during the last year, of whom 45 were restored ; there were also 7 deaths, including one suicide.

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*Physiology Vindicated.*—Dr. Caldwell, of Louisville, Kentucky, has written a critique of nearly a hundred pages on Liebig's Animal Chemistry, as tart and severe as the admirers of his genius could desire. His object is asserted to be—"to prevent the science of physiology, in whose behalf it was conceived and resolved on, from being injured and degraded, rather than actually to improve and elevate it." He conceives that too much credit is given Dr. Liebig, and too many praises bestowed—and with a single blow, he attempts to drive Dr. Webster, the American editor, over a precipice into a fathomless pit below. We have rarely seen a specimen of racy, wholesale fault-finding, better concocted than this pamphlet. Although in the "sere and yellow leaf" of life, the author exhibits the powerful workings of an intellect of gigantic powers ; yet he invariably discloses the secret of his hatred to any thing that stands in opposition to his own will or opinions, however much he may exert himself to conceal it. Were it not for Dr. Caldwell's Ishmaelitish spirit, which on all occasions and in all his writings shows that his hand is against every man, he would have been the medical oracle of America twenty years ago. The same workings of a restless, indomitable ambition to be alpha and omega, are discoverable in this masterly piece of criticism—which, had it originated with a mind less grasping for dominion, and less despotic in action, would have made a sensation in the world of science. But the learned will only turn their eyes to see a strong man attempt to overturn a temple, without fearing for the result, knowing that his strength is not equal to the mad design of crushing a lofty structure that the scientific world views with admiration.

Dr. Caldwell certainly reasons correctly : vital is admitted to be essentially different from chemical force. Liebig finds little or no use for vitality, since chemistry unfolds the whole mystery of nature, according to his system—a conclusion not at all satisfactory to the reviewer, who vindicates the claims of physiology with an ardor and cogency that is entitled to more respect than they will receive, simply because the source from whence they emanate brings up old prejudices and unpleasant recollections.

All theoretical chemists should study this pamphlet. They will see in it how ridiculous a grave subject may be made to appear by own who



calls the body a "*corporeal stove*"—to which he might have added, in the same line, *for burning Dr. Liebig's fuel—oxygen.*

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*St. Louis Medical Journal.*—The first and second numbers of a new medical monthly from St. Louis, Missouri, under the editorial supervision of M. L. Linton, M.D., have appeared. The undertaking evinces an enterprising spirit, and if the profession in the far west sustain it, which would redound to their credit, we shall know more of the progress of medical science in that distant region of our country, than in times past.

The selections are judicious—but a greater proportion of original articles would make the Journal sought for with more avidity. Descriptions of the phases of disease, the mode of treatment, and the character of such anomalous maladies as are occasionally developed in a new and sparsely inhabited territory, could not fail of being intensely interesting to readers in the old States. Dr. Linton must not be discouraged by the slow pecuniary patronage that ordinarily characterizes the advent of a purely medical Journal. If he realizes half enough to purchase the paper on which it is printed, in one year, he may begin to entertain a shade of hope; but no expectation of realizing a farthing for his personal labors, should be indulged. In New England, medical journals have come and gone so frequently that they have ceased to be objects of much regard after the novelty of their first appearance has passed away. Long experience justifies us in saying that, as a property, they are not very productive, even when as liberally subscribed for as they ever are in the Atlantic States. It is therefore inferred that in the western States, both editors and publishers must contend, certainly to as great an extent, with difficulties which beset us in the self-same department of business here.

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*Berkshire Medical Institution.*—An advertisement on our advertising sheet brings to mind many very pleasant things in the history of this thriving school. Through all vicissitudes, in hard times or prosperous ones, the institution has been conducted with a steady hand. From the very commencement of its operations, the number of students has been large; and from present prospects, no diminution is ever to be apprehended. Located in a delightful town, through which passes the great Western Railroad, besides the facilities of travel over the Hudson Railroad, by which a rapid and uninterrupted communication is maintained with New York, the prosperity of old Berkshire, and whatever belongs to it, seems to be on a permanent foundation. Such is the character of the course of medical lectures annually given there, that the influence of the institution must be regarded with pleasurable interest by the friends of medical science.

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*Carpenter's Principles of Human Physiology.*—Medical gentlemen will doubtless be gratified to know that Mr. Ticknor, of Boston, has now in press this celebrated production of a very learned man. It regards the principles of the science in their application to pathology, therapeutics, hygiene and forensic medicine. Readers of the Journal cannot have forgotten the controversy between the author and his skilful antagonist, Dr. Paine, of New York.

*Guinea Worm.*—The city of Bokhara is very indifferently supplied with water—the river being about six miles distant—and the canal is only once opened in fifteen days. In summer, the inhabitants are sometimes deprived of good water for months. At one time, a few years ago, the canals were dry for sixty days. The distribution of that necessary of life, therefore, becomes an object of no mean importance, and an officer of government is especially charged with the duty. After all, the water is bad, and is said to be the cause of the *guinea worm*, a disease frightfully prevalent in the capital of Tartary; and the natives say that these worms are the same that infested the body of the prophet Job!

*Plague of Astrabad.*—To such a dreadful extent has the plague raged in that place, that it is called, by way of distinction, *city of the plague*. In 1832 it was so horribly severe that the town was devastated. The terrible disease moved with unrestrained freedom. Out of some families of ten or twelve persons, two or three only remained. In every instance that the tumors of the patient burst, life was spared; but not till it had left the most horrid scars as marks of its virulence: they look like gunshot wounds. One would almost imagine, says a recent traveller, that the people had become familiarized to death, though the plague has disappeared. The bier used for interment lay by the side of the road, and "I saw them," says he, "washing the dead body by one of the wells in the public street;" but he moved quickly away from the spectacle, whilst the sound of his horse's hoofs echoed as he passed through the lonely streets of Astrabad—the modern city of the plague.

MARRIED,—In Wardsboro', Vt., May 31st, John Cooke, M.D., of Manchester, to Miss Fanny Woodbury, youngest daughter of the late Rev. James Tufts, of W.

Number of deaths in Boston, for the week ending June 10, 26.—Males, 15—Females, 11.—Stillborn, 2. Of consumption, 4—brain fever, 1—suffocation, 1—smallpox, 2—old age, 3—intemperance, 1—inflammation of brain, 1—enlargement of heart, 1—debility, 2—inflammation of the bowels, 1—dysentery, 1—burn, 1—fever, 1—infantile, 2—drowned, 1—dropsy, 1—abscess, 1. Under 5 years, 5—between 5 and 20 years, 8—between 20 and 60 years, 6—over 60 years, 7.

## REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

May.	Therm.	Barometer.	Wind.	May.	Therm.	Barometer.	Wind.
1	from 52 to 59	from 29.12 to 29.33	W	17	from 55 to 61	from 29.37 to 29.49	W
2	42 54	29.50 29.66	N W	18	43 61	29.61 29.63	N W
3	42 57	29.75 29.78	N E	19	40 67	29.59 29.63	S
4	38 63	29.67 29.77	S	20	50 59	29.32 29.48	S W
5	47 57	29.72 29.77	N	21	47 69	29.04 29.16	N
6	46 57	29.68 29.75	S W	22	56 73	29.11 29.28	S
7	50 59	29.37 29.55	S W	23	54 69	29.17 29.27	S W
8	56 70	29.19 29.26	W	24	53 61	29.09 29.14	N W
9	45 63	29.34 29.59	N W	25	48 66	29.14 29.38	N W
10	40 66	29.70 29.73	N	26	54 64	29.44 29.51	N E
11	46 60	29.52 29.64	N E	27	45 50	29.40 29.44	S E
12	49 75	29.38 29.42	N	28	46 63	28.32 29.38	S
13	45 71	29.40 29.45	N	29	45 57	29.19 29.30	N
14	50 76	29.36 29.39	S	30	48 67	29.12 29.15	N
15	58 82	29.19 29.33	S	31	48 56	29.03 29.15	W
16	58 75	29.20 29.27	W				

Range of Thermometer, from 38 to 82. Barometer, from 29.03 to 29.78. Rain, 1.70 inches.—Tricolor Violet in blossom on 1st; Bloodroot, 3d; Missouri Currant, 8th; Cherry and Dandelion, 9th; Crown Imperial, 11th; Shadubush and Peach, 12th; Apple, 13th; Pyrus Japonica, 14th; Wild Cherry, 15th; Wild Columbine and Elder, 17th; Tulip, 18th; Staphylea, 19th; Persian Lilac, 20th; Horse-chesnut, 21st; Lilac, 22d; Flowering Almonds and Tartarian Honeysuckle, 23d; Mountain Ash, 25th; Actæa Racemosa, 28th; Calicanthus, 29th.



*Jules Guerin on Strabismus.*—M. Jules Guerin has published a second Memoir on Strabismus, devoted to a rational and experimental inquiry into the distinction between the optical and the mechanical forms of the disorder; a former memoir, published in the same journal the 3d April, 1841, having treated principally of the mechanical or primitively muscular form.

Optical strabismus, the principal subject of the present paper, the author defines as a consecutive of secondarily muscular deviation of the eye, consequent on a disjunction of the axis of vision and the axis of the eye. This disjunction may be produced in three ways: 1st, from an obstacle to the passage of visual axis along the course of the ocular axis; 2dly, by a change of relation in the refracting media without alteration of their transparency; or 3dly, by an insensibility of the retina at the proper point for the reception of luminous rays. The first is characterized by the squint existing only while the patient is looking at an object. In these cases the two visual axes, though no longer concurring with the ocular axes, converge towards one point.

A squint, then, existing only during active or intentional vision, cannot depend on permanent muscular contraction. A young person, aged 19, who had a moveable clot of blood in the posterior chamber, was observed to squint from the attempt to place a transparent portion of the medium opposite to the object looked at, and thereby to avoid the inconvenience produced by the presence of the clot in different parts of the chamber. As soon as she ceased to look at an object, she ceased to squint.

A disturbance in the relation of the refracting media the author thinks is the only way of accounting for some cases of strabismus which are produced suddenly after a blow, or a jarring fall on the seat or on the feet. The first effect of displacement is double vision; and the squint, at first temporary, lasting only during attentive vision, is gradually made permanent by the repeated endeavor to escape from this fatiguing symptom.

The third form, viz. from partial paralysis of the retina, is more difficult of actual demonstration, though its presence may be inferred by induction rigorous enough for practical purposes. Amaurotic patients, when endeavoring to distinguish a light, are seen to turn the eye in different directions where they know the light does not exist; they present the various surfaces, as it were, feeling for it. Those in whom the paralysis is but partial, contract a habit of subjecting to the influence of the rays the part that is most sensible.

The author believes that in no case of secondary optical strabismus will the texture of a muscle be found fibrous, and that in no case of primary mechanical muscular strabismus will such a fibrous state of the muscle be wanting. Where myotomy has been performed in cases of optical secondary strabismus, he believes that one of three things must have happened—either the case has not been watched long enough to ascertain the result, or a positive failure has followed, or the primary cause, whatever it may have been, has really been removed by the operation. The author adds a summary of the distinctive characters of the two kinds too concise to be materially abridged, but too long for our pages. The paper, which is to be continued in the next number of the journal, is well worthy of perusal.—*Gazette Médicale.*

T H E

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MEDICAL TOPOGRAPHY OF CENTRAL ARKANSAS.

*Being Observations on the Locality, Climate and Diseases of the City of Little Rock and vicinity, in the year 1840. By W. J. GOULDING, M.D., of Little Rock.*

THE relative importance of medical topography to the advancement of our science is now highly appreciated. Many elaborate papers of this kind annually appear in our journals; and we are led to value these successive additions to our medical literature the more from the conviction that, if ever we have a digest worthy to serve as a guide to the practice of medicine in the southern States, its best materials will be sought in the accumulated contributions of local medical history. Physicians, in innumerable dissertations on our science, have applied to all regions of the earth some aphorisms of Hippocrates applicable only to Greece and a few adjacent countries; this error is now known, and the most accurate observation of nature in a given climate is found requisite to an enlightened and efficient practice in that climate. Nor is the study of all the physical circumstances of a given district which may affect the health of its inhabitants, alone required; but the peculiarities which the same disease at different times assumes, are especially to be noted; and perhaps no country, from its great extent and varied natural features, calls more imperiously for the careful observation of these facts than the United States. But waiving further preliminaries, I proceed to the more immediate object of this paper.

The city of Little Rock, which represents central Arkansas, is in latitude 34 40, and longitude 15 20, about 300 miles by water from the mouth of the Arkansas river where it joins the Mississippi. Major Long, who passed it in 1820, says—"It is a village having six or eight houses and occupies a high bank of clay-slate on the south-west side of the Arkansas river. Its site is elevated, and the country immediately adjoining is in a great measure exempt from the operation of those causes which produce a state of the atmosphere unfavorable to health." It is in fact the first eligible site for a town that occurs in ascending this river; being near the centre, and the capital of a large and growing State, its future destiny can hardly be mistaken. Besides a United States' Arse-



nal, it has already many fine public and private buildings. Population, 2,400.

The face of the country of central Arkansas, though much diversified, may be classed under three varieties: first, *alluvial* or river bottom; second, *upland* or hilly; third, *prairie*.

The first variety is chiefly met in descending the river; the soil is of the richest kind; it is the most thickly settled, but the least healthy. It is here that the forest is seen in its greatest magnificence, where the cypress, oak and cotton wood, vie in power, lending their support to enormous osier and grape vines which delight

"To weave their gorgeous tracery far above;  
With the light melting through their high arcades,  
As through a pillared cloister."

But want of good water, and the liability of this portion to the annual Nile-like floods of the Arkansas river, weigh against its great natural fertility. Yet the bottom lands of central Arkansas may fairly be set down as excellent of their kind; the banks rarely descend as they recede from the river; corn and cotton are the staple productions.

The second, or upland variety, in the face of the country, is by far the most extensive; it is always rolling, often hilly, with but little undergrowth save luxuriant grasses and flowering herbage; having forest chiefly of oak interspersed with hickory, its whole aspect so open, park-like, and beautiful, presents a striking contrast to that of the first variety. This second variety constitutes by far the most salubrious district; good springs of water are met with, but are not common; corn and the small grains are grown advantageously, but cotton becomes an uncertain crop; most of the soil is tillable, much of it decidedly good.

The third variety, or prairie, is the least extensive, and is found at a distance east of Little Rock, between the Arkansas and White rivers; several small prairies, and a large portion of "big prairie," so called, are found in this direction; usually of the better kind of dry or upland prairie, they easily admit of cultivation, although as yet but little cultivated; their greatest drawback is the want of good water.

From the foregoing it will be perceived that the greatest diversity in the face of the country obtains in central Arkansas; the sea-like prairie and the beating cliff—the mountain torrent and the sluggish bayou—the sleeping lake and the mighty river, will not unfrequently by quick succession agreeably surprise the traveller or command the fullest admiration of the lover of nature. This marked diversity, joined to a genial climate, renders it a locality of peculiar interest in regard to its natural productions; the muscadine and other wild grapes, as also the date-plum (*dyospyros pubescens* of Pursh), and the paw-paw (*porcelia triloba*), are found in perfection here. The cane (*miegia*) extends itself high up this river, and the beautiful china-tree is easily grown and is said to have become naturalized here; among the forest trees are found the false orange (*machura aurantica*), evergreen holly (*ilex opaca*), tupello gum (*liquidambra styraciflua*), and the coffee-bean tree. Among medicinal plants, the *palma christi*, *spigelia*, two species *gillenia* and two *baptisia*, also the more valuable of the natural families *labratæ* and *solanæ*, are here

found in the greatest profusion. The tarantula, the scorpion and centipede (the last of enormous size) among reptiles; and beautiful specimens of the amethyst and topaz among minerals. Anthracite coal of an excellent quality is at this time an article of export from central Arkansas, and the locality of "Hot Springs" in this State will yield to none in the world, perhaps, in geological interest.

I come now to speak more particularly of the climate; in this respect we have a medium between that of New Orleans on the one hand, and that of St. Louis on the other; it may also be observed that distance west of the Mississippi, and the more elevated character of the adjacent country, renders the air far less humid, and the prevailing winds in general more agreeable than in the immediate valley of that river. Ordinarily the peach is in *full* flower quite early in March, and the forest in *full* leaf by the first of April.

The range of the thermometer for the last year was 77 deg. Coldest month, January; hottest month, August. As it respects temperature, the past may be considered an average year in this locality, but in regard to weather it must be stated that the *amount* of *rain* and the proportion of *cloudy* to *fair* has been greater than usual. The prevailing winds also in this locality during the hot season are usually south and south-west; in this respect, however, the table for the last year will show a decided prevalence of east and north-east winds during the months July, August and September. This fact (which, indeed, was the subject of frequent remark at the time) is believed to have had an important agency in producing the very unusual severity and prevalence of fever which afflicted this place and vicinity the past season, as will appear more fully in the sequel.

*Diseases.*—The past season, as before intimated, has been characterized by an unusual prevalence and severity of intermittent and bilious remittent fever. Very early in August these fevers assumed a grave character and became unusually prevalent; at the same time an early tendency to general prostration, or, in other words, a typhoid diathesis seemed to mark the progress of the disease: emetics early, followed by mild cathartics and mucilaginous drinks, with cold affusions, blisters, and especially later in the attack, the extensive application of mustard, gained an increasing confidence as the disease progressed. It is worthy of remark here that sore mouths, unusually protracted and obstinate in their character, often followed; nor did these follow only in cases in which mercurials entered the plan of treatment; in very many of these cases the gums would remain in their normal condition while the buccal portions of the mouth and the tongue were the seat of corroding ulcers, tumefaction and intense pain. In these cases Labarraques's liquid was found a most efficient, indeed an invaluable local application. In general the lancet, as also protracted purging, was ill borne, and it soon became manifest that an object of primary importance was to husband the general strength for a sequel of protracted debility, as insidious and dangerous in its character as it was sure to follow. Indeed, when contrasted with the degree of violence attending the invasion and progress of the attack, the period of



convalescence was in every case peculiarly protracted and critical. This aggravated prevalence of fever subsided early in October, since which time, up to the date of this paper, the health of the locality has been comparatively good. It is not to be inferred that the disease at any time assumed that malignant type, or ran its course with that rapidity, which has sometimes characterized the prevalence of epidemic fevers in still more southern and more unfavorably located towns. The interments in the city during the four months ending on the 31st day of October, were 105, of which number 11 were colored persons, and 35 were children under 10 years of age. Population, as before stated, 2,400. This proportion of mortality to the number of inhabitants is believed to be at least three fold that of preceding years at the same period. When the commercial location of this town, and its rapid growth during the last two years, are considered, it will readily be inferred that a large proportion of the deaths were of non-resident or unacclimated persons; this was strikingly the case; indeed, comparatively few of those long resident in the locality have fallen victims to the diseases of the season, with which they have suffered in common with others.

In searching for the causes of the peculiar cast and strength of the epidemic influence of this locality the past season, we are, as in most cases of the kind, not fully satisfied; much, we think, may be set down to the fact before stated in regard to the winds coming upon us during the hot season from an unusual and unfavorable quarter—and also to the fact that the great annual or June rise in the Arkansas river occurred some four weeks later in the season than is common, and the overflow in central Arkansas was unusually great. The preceding season, to wit, that of 1839, was one of good health, though characterized by uniform and highly-sustained heat, and protracted drought, so much so that many wells of the town were dry, and others unfitted for use; the winter following (that of '39 and '40), was marked by no peculiarities. If we except the season in question, the past history of this place will put it in an enviable rank for health among the towns of the south-west. Yellow fever has never appeared here, nor has cholera, only as it was imported; generally speaking there are no prevailing diseases save intermittents, which are usually of a mild grade and readily yield to appropriate treatment. Pulmonary consumption can hardly be said to have an existence, at the same time complicated pleurisies (pneumonia biliosa) are not uncommon during our winters, and are the most to be dreaded of any attacks incident to that season; scarlatina occasionally makes its appearance, and instances of chronic rheumatism are not unfrequent. Once in the past history of central Arkansas a disease called the "cold plague," had a brief and limited, but for the time a very fatal existence in Conway County, fifty miles above Little Rock, rapidly carrying off a number of the inhabitants. Two cases (answering to the above disease as it has been described to me) terminating fatally within thirty-six hours, in somewhat aged subjects and of impaired constitutions, have fallen under my observation the past season; these attacks consisted of a violent

congestive chill, if I may be allowed the expression, from the almost paralyzing effect of which the system was unable to rally.

Next, in regard to prevalence and deleterious agency on health and life in this place, may be mentioned diarrhœa, dysentery, croup, cholera infantum, and dropsies. In conclusion it may be remarked that this climate is not subject to as great a variety of diseases as portions of our country farther north. Fever in its multifarious forms far outweighs all others; and it is believed that when the local causes incident to all new districts, tending to aggravate this class of diseases, shall have passed away, this place will be as noted for its salubrity as it now is for its beautiful and commanding location.—*West. Jour. of Med. and Surg.*

#### QUACK MEDICINES.

To suppose the extinction of quackery is almost to pre-suppose the arrival of the millennium; for we must either imagine disease to have disappeared from the world, or the art of medicine to have obtained such miraculous perfection that the most impatient patient could never be driven by despair to consult the quack instead of the physician. Yet it is possible to imagine that, with another century or so of education and discussion, something short of this, yet something very good, will have been attained; and that, in four or five generations, a belief in the wonder-working powers of quack medicines will rank with a belief in witchcraft, and be found only in remote districts and among uninstructed persons. Till the arrival of this happy era, we must put our trust in reasoning, and in diffusing a knowledge of the powers of medicines and of the structure and functions of the human body; for medical dissent can no more be quelled by prosecutions and prohibitions, than theological speculations can be permanently crushed by thumbscrews and conventicle acts.

The analogy may be carried further; for though, in every unenslaved country, freedom implies discussion, and discussion necessarily produces dissent, still overmuch dissent is a reproach to the creed of the majority; and thus a deluge of quackery implies something rotten in the profession which it supersedes. It shows that legitimate practitioners err in theory or in practice. Either they cannot explain the principles on which they act, or they cannot cure *tuto, celeriter, et jucundè*; or, perchance, they take a leaf from their adversaries' book, and copy the errors against which they declaim.

An explanation of this subject from time to time, for the benefit of the laity, must do good; and we are, therefore, pleased to find it discussed in a temperate and rational manner by Dr. T. G. Wright. His essay was lately read before the Mechanics' Institute at Wakefield, and has since appeared in the shape of a pamphlet.

A great part of it consists in a commentary on some popular errors.

Thus, it is commonly fancied that illness assumes a certain number of



unalterable forms, as well defined as the provinces of a nicely-colored map; here jaundice all yellow, and there apoplexy all red; in this corner dropsy displaying his bloated belly, and in that one mania shaking her iron chain. The smallest disease that takes rank in our nosologies is supposed to be distinct and immutable; he that runs may read them; and to confound one with another would argue the most culpable blindness! Moreover, it is thought by the *ignobile vulgus* of various ranks, that each skilful practitioner has a choice selection of remedies, good for particular diseases, and that doctor differs from doctor chiefly in the rare disposition of this ideal medicine chest.

Diagnosis, in short, goes for nothing in vulgar estimation, and remedies for every thing. Hence it is supposed that one practitioner can transmit or even sell his skill to another; and hence, too, family recipes good for the gout, dropsy, or what not, are handed down from one generation to another, in sober, steady, mistaken families.

We cannot agree, however, with Dr. Wright, in confounding the doctrine of the empirics of old with medicine as practised by modern quacks or *dilettanti*. The empirics, though rejecting the theories on which medicine had been based, adopted all the refinements of treatment which had been sanctioned by experience; while the blunderers whom Dr. Wright castigates, merely prescribe for a score or two of diseases, or rather of names.

We cannot allow my Lady Bountiful to suppose that she belongs to the ancient and honored sect of empirics, though she may be an empiric in the modern sense.

The old sect consisted of educated men, to whom the registers of medicine were open, and who profited by the mistakes, as well as by the discoveries, of their predecessors; the modern one is made up of blunderers, unwilling or unable to be taught either by the living or the dead. Independently of this, the extremes of refinement and of coarseness make a decided practical difference between the old and new school, and destroy the historical defence of the latter; just as a man who attempts to open a vein with an oyster knife cannot fairly allege in his defence that it is a cutting instrument as much as a lancet.

Again, it is a popular error to attribute too much to causes inherent in the constitution of the patient, and too little to external agents. Much is said of the biliousness of his temperament, and little of the causes which have made and keep him so. In other words Hygiene, the best and safest portion of medicine, is little regarded by the common people, and forms no part of the quack-medicine system.

Another mistake, and a very frequent one, is to confound the symptom with the disease, and to suppose that two similar aches or uncomfortable states must necessarily be relieved by the same remedy. How can they, if they arise from totally different causes? Can the headaches of Conger, who is an alderman, and of Irus, who inhabits a Union workhouse, require the same treatment? Assuredly not. Yet we must believe this, if we believe the advertisement of the infallible Maltese elixir. Perhaps, however, the most extravagant of all the opinions current on this subject

is the belief that many or any quacks have discovered drugs good for this or that distemper. This is unquestionably the wildest of all the fictions touching nostrums with which the public is bewildered. Your cold and calculating quack may select some well-known combination of medicines, provide it with a stamp, and puff it as a panacea for every mortal ill; but as for imagining such a fellow to be among the honorable band of discoverers, one might as well imagine a caricaturist rivalling Michael Angelo.

Many of the remedies which are advertised are external applications, and it would be a good beginning, in the instruction of the laity, to teach them what can be done medicinally in the shape of salve or unguent. The surgeon can stimulate, or soothe, or simply protect an ulcerated surface; but the healing herbs of the old romancers have vanished and left no successors.

A very signal triumph of nostrums over common sense, consists, no doubt, in universal specifics, in which, as Dr. Wright says, "the mighty genius of quackery delights to revel." Every Friday, it seems, the market of Wakefield is visited by a pillmonger of the comprehensive class, who cries out, "In any case whatsoever, no matter what the case may be, if you are afflicted, only take my medicine and you are *sure* to be cured!"

Now, what is the cause of all this? What is the reason that quackery is so much more prevalent in medicine than in any other art? The reason is a simple one, and though we have stated it before, it will bear telling again. The reason, then, is, that nature is to a certain extent the support of the charlatan; and while a quack or imaginary engineer could not make even a bad railway, the medical quack, or imaginary doctor, will not always prevent the disease from getting well. Nature cures fevers, but makes no tunnels. Again, although it is a sad thing to be reduced by poverty or by folly to take drugs at random, yet it is by no means the case that random shots miss every time. This is especially true of purgatives. Hence we think that Dr. Wright has overstated his case in one respect. He supposes a prescription for some common aperient pills to be taken from a physician's table, and the medicine to be administered indiscriminately to five thousand patients; and he thinks it not improbable that three or four, or even ten or twenty, might be considerably benefited by them. Only twenty! we should have put down a thousand as much nearer the mark. Could the Pil. Rhei C. hit the mark only four times in a thousand? Nay, we really think that the chance of benefit to be obtained out of any respectable medicine taken by accident, from aconitum to zingiber, must be represented by a larger fraction than 1.250.

But boundless fame is within the reach of these same Pil. Rhei C., disguised, peradventure, under the name of the Bala Hissar pills, the recipe for which was found, as the advertisement might affirm, "in the baggage of an Affghan chief!"

"It may be," says Dr. Wright, "that a not-very-clever medical man has been previously consulted, or that one of greater repute has been misled in the case; and if so, there is no end to the glory of the fortunate pills."



Hence it appears that the quack-salver has two advantages of which it would be difficult to deprive him. The one is, that he is patronized by nature, who in the cure of disease backs everything, and everybody; the other is, that medicines given blindfold must sometimes do good, especially if they are purgatives. Nevertheless, the final though distant extinction of quackery is to be hoped for; it forms a fragment of that final triumph of reason and virtue which is the secret consolation of every philanthropist.—*London Medical Gazette*.

### HOMŒOPATHY VINDICATED,

IN A LETTER ADDRESSED TO THOMAS W. ELATCHFORD, M.D., TROY, N. Y.

[Communicated for the Boston Medical and Surgical Journal.]

DEAR SIR,—Having had your pamphlet, of the second edition, on "*Homœopathy Illustrated*," put into my possession for perusal, I now take the full liberty to make some remarks upon it, such as I think it may justly deserve. It is needless to attempt anything like a *full* answer to such an energetic production, as the main principles of the homœopathic system remain unshaken. It seems quite singular, that in writing your "Address" of eighty-one pages, expressly against homœopathy, a man of such gigantic talents should not be able to wound a "*humbug*," if you did not succeed in killing the "*Lilliputian monster*!" The fact is, Sir, that "*contraria contrariis curantur*" is so deeply impressed upon your mental vision, that you cannot make a straight aim at "*similia similibus curantur*" with sufficient force and precision to destroy its existence. It appears that you have taken quite an extensive range over the homœopathic field, in order to find materials of every grade to complete its overthrow. For Dr. Wood says, as you quote him—"Homœopathy will have its day, and be *long forgotten* ere this generation passes away." For anything I know, Dr. Wood may be a true, inspired prophet—but if the good old prophet Daniel was correct when he predicted that "*many shall run to and fro, and knowledge shall be increased*"—then Dr. Wood may be disappointed—as it is probable that the *increase of knowledge* will be sufficiently adequate to establish homœopathy "*unto the end of the world*."

But, by the way, how did it happen, with a man of such brilliant talents as you seem to possess, that you should undertake to write 81 printed pages in opposition to "*Nothing*;" for do people of "*established character and reputation*" (p. 60), write so much as you have in answering and putting down a mere phantom of the imagination?—a mere reverie of the mind, an *ignis fatuus* of disordered reason? Are you willing, Sir, to come forward and say that homœopathy is a wild "*delusion*," empiricism, or an "*imposture*"?—and yet, at the same time, be so afraid of its sanative effects? I would here remark, that "*imposture*" cannot be properly nor justly applied, in truth, to homœopathy—as it has been lately *so* termed and decided by the Medical Society

of Philadelphia—as homœopathy is considered by its true adherents to be based on *truth and knowledge*. In order to prove any species of *quackery*, legitimately, it must be founded primarily on ignorance and deception—for so long as homœopathy proves *efficacious* in the hands of well-educated men, so long it may be considered right and proper. Homœopathy does not encourage empiricism any more than allopathy. Therefore, to call homœopathy “*imposture*” is absolutely premature, and those who have done it will no doubt see the time that they will regret it.

Permit me, Sir, to use your quotation from page 56, and apply it strictly to the allopathic practice—“Ah me! ah me! they take good care to say *nothing* about the heaps of crutches we burn up every year, of the poor creatures who come here only to die. Dead bones tell no tales, you know.” Is not this right? I would now frankly and candidly tell you that you fear homœopathy, and that it is, in reality, a genuine *something*, or you would not have been willing, before a “*medical society*,” to make such an effort, to destroy, root and branch, any medical system which could be called and considered “a footless stocking without a leg.” This part of the ground which you have taken in trying to overthrow homœopathy, plainly proves your position untenable and illogical. Why should you wish to fight mentally a shadow? Certainly, it is beneath the dignity of a man of “character and reputation” to do it. Your mind may be “single, gigantic and leviathan,” but is it, it may be asked, “*new ab initio*”?

You say, on page 15—“For a year past I have paid some attention to homœopathy, and am prepared to define it, until a better definition shall be offered—*The incomprehensible Science of Infinitesimal Medicality*—and if it is adapted to the capacity and the wants of any portion of animated nature, it must be that of some order of animals essentially differing from man both in mental and physical structure.” It seems unaccountably strange, Dr. Blatchford, that if homœopathy be such an anomalous system of practice of physic, as you have seen fit to represent it, in the language just quoted, *why* you trouble yourself about it. Judging from the above, the sense may as well be construed by readers, that all the homœopathic practitioners must be identified and considered very imbecile and puerile to become so far duped and deluded, as to even think seriously of adopting such a system of practice.

Also, I would just remind you, that instead of your writing “*Homœopathy Illustrated*,” you must admit, it is more properly *homœopathy ridiculed*! You must excuse me, Sir, in taking the liberty to correct you on this point—for I can assure you that homœopathy is neither “*PITCHY PATCH*,” nor “*TIE UP*,” nor “*PIN UP*,”—nor will the true homœopaths ever consent to have it christened by the uncouth names of “Perkinism, Halseyism, or Rain-water doctorism.” Why did you bring in so many different foreign matters in *illustrating* this insignificant system? Perhaps Austin, the “*PROPHET OF COLCHESTER*,” can tell! Yea, the prophet Hosea conveys the idea—“He who sows the wind, shall reap the whirlwind.”

Again, you say, Sir, on pages 41, 42—“Now in serious soberness, I



would ask, what confidence can be placed in experiments with homœopathic doses, when so many opposing elements must incessantly interfere with their results, to say nothing of the food we constantly consume, and the air we breathe? Can anything be more superlatively, homœopathically ridiculous? Yet men of learning and sound sense in other matters suffer themselves to be gulled and duped by this ‘*res tenuissima et subtilissima*,’ this shadow of all shadow, this vanity of all vanities.” Here again we have more of your bombastic rigmarole of your *nothingarian* phantasm. Can it be possible that you are so blind to common sense and decency, and as a man of “learning and sound sense,” should express yourself so contemptuously against this shadow of all shadows, this vanity of all vanities.” If you are, in “serious soberness,” so positively sure of its being a “baseless fabric of a vision!” it would have been more wisdom in you to have adhered to the motto which you have enjoined—“*touch not, handle not*”—for in doing otherwise, you have raised and added materially to its *intrinsic value*! But remember, “Oh! tell it not in Gath, publish it not in the streets of Askelon”—for there is another passage of “Holy Writ” which needs considering, and is as true on your side of the question, as the one just quoted—“MENE, MENE, TEKEL, UPHARSIN.” If this last scriptural language should happen to be inexplicable to you, you might just ask the very good “*lady*” (p. 48), you allude to, its correct exegesis—no doubt, she would be very happy in aiding you along in the path of sound medical literature—or, to use the words of the poet on page 54:—

“And should a cloud  
O’ercast thee, be it as light as gossamer,  
That *Helen* might disperse it with her breath,  
And talk thee into sunshine.”

On page 35, you introduce the subject of *psora*, or the *itch*. It is true that Hahnemann considers the *psora*, in its multiplied characters and forms, as the primary cause of many chronic diseases; and can you absolutely prove the contrary? There are many hydra, stubborn and morbid difficulties prevailing in the world, which operate upon the human system in a strange and occult manner, and Hahnemann, from long experience, observation and trial, has, with some show of reason at least, come to the conclusion of a *psoric* affection—but perhaps it may not be to the extent and degree he has stated. However, as I am not able to confute the assertions he has made, from the circumstance of not having any personal knowledge of the cases he has treated—it may be, that the subject is well deserving of further inquiry and consideration. The homœopathic physicians, Sir, do not feel accountable for any of the seeming or peculiar errors or opinions (if errors they be) with which Hahnemann may be critically detected in support of his system—but we estimate the man for laying a sure and true foundation—we consider that he has unlocked the medical door in showing the genuine principle of therapeutics.

Before advancing any further, I will for a few moments call your attention to the various systems of allopathy, as a whole. This system I have practised over twenty years, and in that time I thought I acquired

considerable acquaintance with it—always searching for medical knowledge for the best *practical* purposes, and in order to keep pace with all the various improvements of the medical sciences. Now, knowing all the multifarious systems which have been promulgated by different writers at different periods, I now seriously ask if you, or any other professional, medical person, who is well versed in medical literature, could not select much matter from the manifold volumes of allopathic writings, that would appear equally as “superlatively ridiculous”—“ideal phantoms of the philosopher’s stone,”—and could not use terms of opprobrium upon the numerous theories as severely and as deservedly, as you have (“purely from a sense of duty”) against the infant strugglings of poor, despised homœopathy? This part of your statement reminds me of the wonderful story on pages 68 and 69. I now refer you to Dr. Mitchell’s “sage advice,” as you denominate it. When in depicting homœopathy fully and faithfully throughout in your pamphlet, you have not left one stone unturned which you could find in all the roads and fields of medical “research to research, and from experiment to experiment, requiring the utmost toil, labor, and patience,” and using all the ingenuity your mind could suggest in painting it as “black” as “one half of the child was”—you happened, no doubt inadvertently, “to forget to mention,” as your memory was exceedingly treacherous, “that the *other half*,” allopathy, “*was black also*.” Your “philosophical principles” appeared to examine and judge only on one side. Remember there are always two sides to an argument—and also remember to keep your own, allopathic side, *white*.

In looking over the allopathic systems and nosological classifications, how much union, consistency and argument can there be found in support of the respective and various systems of Cullen, Sauvages, Linnæus, Vogel, Sagar, Macbride, Darwin, Selle, Crichton, Parr, Swediaur, Pinel, Good, Young, Hosack, and Callisen—as well as the once popular theories of Brown, Boerhaave, Brookes, and others which we need not mention?

If you will, Sir, only take the allopathic side of the question, and study it closely and candidly “one year,” for the *same purpose* as you have the homœopathic system, doubtless you would find matter enough to fill volumes equally inconsistent and derogatory to it, as you now apprehend that you have found incongruous in homœopathy! You would find in collecting materials, that you might gather easily so much absurd “*learned lumber*,” allopathically, that “the sanity of the farmer” you name, would be required to provide the labor of “oxen, horses, and men,” to manage the unwieldy load. An “*insect*,” at your kind suggestion, would not be sufficient in this case—for *it* would not “fully test the validity of its claim.” Any medical man of discernment can find, Sir, as many “*Ishmaelitic features*” in allopathy, as you suppose you have detected in homœopathy.

I have good reason to believe that homœopathy is founded on the principle of nature, and the basis of truth, and that it will long endure the “searching test of time.” The *good seed* has been sown, sprouted, taken root, sprung up, and begun to shoot forth; the fruit is slowly develop-



ing, and the yielding harvest is always at hand in good and proper seasons. Whilst all this has been doing, an industrious "*enemy*," in different places, has been sowing and scattering *tares* of every kind among the wheat, *i. e.* to obstruct and blight the growth of homœopathy; and many are all impatient and hoping it may be high time to *pluck* up homœopathy, and prevent its growing and spreading. But *we* say, *not yet*, "lest, while ye gather up the tares, ye root up also the wheat with them. Let both grow together until the harvest"—for *truth* will prevail and will finally exterminate the *tares*, however obnoxious they may be. With sentiments of esteem and respect, may I ever remain your sincere friend,

Boston, May 22, 1843.

ROBERT CAPEN, M.M.S.S.

#### RHEUMATISM, CHOREA AND CARDIAC DISEASE.

[Communicated for the Boston Medical and Surgical Journal.]

ON February 21st, 1843, visited Miss I. B., aged 15, with Dr. Dean, who had been called the day previous. She had been ill two weeks with rheumatic fever, and still had some tenderness and pain in the joints. She was found breathing with difficulty, in the sitting posture, with slight cough and bronchitis; pulse 120 to 130; palpitation of the heart; pain and tenderness in the cardiac region; the motion of the heart attended with a strong grating (friction) sound. No enlargement discoverable, nor other thoracic disease. There was some tenderness of the epigastrium, and a bilious tinge of the skin. Dr. D. had applied a blister to the epigastric region. Another was laid over the heart. Calomel and opium were administered, and subsequently merc. ointment was applied, until it was deemed advisable to discontinue the mercury, as with the exception of slight soreness of the mouth, the constitutional effect seemed altogether disproportionate to the quantity taken. The anodyne proved serviceable in quieting the heart, and diminishing the labor of breathing. The pulse became a little less frequent, and the "grating" was subdued into the milder "friction" sound. On the 8th of March, chorea, of a most violent character, supervened. On the 9th, she commenced taking tinct. of *actæa racemosa* (prepared with four ounces of the roots and 1 pint of alcohol), in drachm doses every four hours. By this treatment the spasms were moderated, and at length controlled; they did not cease entirely until the 11th or 12th. Miss B. died on the 25th of March. No examination was permitted.

Two other cases of chorea in children, connected with disease of the heart, have fallen under my notice, and it is not improbable that a latent affection of this organ may have been, not unfrequently, the unsuspected cause or coincident of this singular and imperfectly-understood disorder. In the April No. of the American Journal of the Medical Sciences, 1843, is an article referring to this subject, which concludes with the "practical lesson" to examine carefully the state of the heart in cases of sudden and severe spasmodic affection.

W. W. ELY.

Rochester, N. Y., May 28, 1843.

## SPURIOUS REMEDIES.

[Communicated for the Boston Medical and Surgical Journal.]

OUR materia medica in some respects is sadly degenerating, much to the confusion of the best intentions of medical practice. Once it was not so; when our fathers gave drugs as nature made them, and tested them with their equally natural and acute senses. But an age of refinement, good in itself, has succeeded; curious agents have been refined and re-refined, till the sly principle is triumphantly exhibited on the point of a knife. It is now *fashionable* to administer proximate principles, extracts and sundry chemicals, which are multiplying *ad infinitum* under the paternity of assiduous pharmacologists. This is as it should be; but the profession should bear in mind what skilful drug makers and compounders this inventive age is producing, and notice how by some strange misfortune their productions become miserable hotch potch, although bearing the flaming stamp of *officinal, optima, &c.* A great proportion of imported articles, as roots and barks, are inert or of comparative efficacy, from the fact that they sell advantageously, and are used abundantly; while they will continue to be furnished at the *cheapest rates*, just so long as the profession are willing to use them. It should rest with the users of them to judge how far their practice influences the result; and in what sense life itself is staked on the issue of a "*mighty dollar*."

Most of our *superfine extracts*, labelled in elaborate style, and ostensibly prepared under the diligent protection of "*royal letters patent*," are of no more efficiency than the extract of moonshine or pond water. A person may take a half ounce ext. conii, or a half pound ext. tarax. per day, with as little inconvenience as from any other heterogeneous ingesta.

It is equally curious and astonishing to examine these *first-rate* articles with those magic tests and re-agents which are at the service of every physician. It will often appear that tart. antim. is but another name for crem. tartar; that these *invaluable* extracts are simply tar, molasses and burdock juice, or something equally inactive, and that many barks and roots may be described as possessing certain forms, color and aroma, but very uncertain properties.

The remedy for all this mischief is an easy one:—Let the members of the profession absolutely reject second-rate articles, and they will soon seek other sources of consumption; let the importation and sale of genuine medicines be made the care and supervision of interested factors, and in time our shops and medicine chests will not be burdened with spurious agents, and practical medicine will be hailed in an expurgated edition, undefeated by such domesticated artifices.

Those who are sanguine in the advancement of medical science, should consider, with solicitude, that its principles may be certain, its literary and active resources complete; but its practical designs, the only test of its excellence and utility, cannot be efficient and salutary with the instrumentality of spurious and deceptive remedial agents.

R. C.

Middlebury, Conn., May 27, 1843.



## CREOSOTE AND IODINE IN ERYSIPELAS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In the Journal of the 25th January is a notice of erysipelas, as it prevailed in certain parts of Vermont; and on the same page an extract from the *Saratoga Sentinel*, relative to a terrible epidemic called black tongue. I suppose the nature of both the above diseases is well enough understood by this time, therefore I shall say nothing on the pathology of either. The last is well described by Dr. Thomas under the head of *cynanche maligna* and *scarlatina anginosa*.

For the last six months we have had many cases of the putrid sore throat, complicated with erysipelas, of a very malignant character. The erysipelas generally supervenes on the disease of the throat, commencing about the face and extending over the head, and in many cases over the entire surface of the body. The disease has proved fatal in many cases in its simple form, destroying whole families of children, and when combined with erysipelas the best usual remedies have had but little effect, and all ages and habits have been swept before it. The object of this communication is not to furnish a history of the disease, or of its treatment, but to bring before the profession, more generally, *two* remedies which I have found to be more efficacious in the treatment of the above diseases than any other, viz., creosote and iodine.

In the treatment of putrid sore throat I have found creosote to be the most powerful antiseptic. My method of using it is to make a solution of four drops of creosote to the ounce of soft water, and direct the patient to gargle the throat with a teaspoonful every hour, and to swallow the same. For children I prepare a weaker solution, and give the child a small quantity, frequently. It supersedes the use of all the usual local remedies in my practice.

Now, with regard to the use of local remedies in erysipelas, I hope it will no longer be said that the physician is of no use in the treatment of this common disease. The application of the tincture of iodine will arrest the progress of erysipelas, with as much certainty as sulphate of quinine will the paroxysms of intermittent fever.

The method of using the tincture is to apply it of full strength, with a soft brush or feather, to the inflamed surface, so as to lap on to the healthy skin; and repeat the operation with a weaker tincture, once in eight or twelve hours, keeping the parts covered with cloths wet in alcohol until the swelling and other symptoms subside.

Used in this way, with me, the remedy has never failed to produce the desired effect. The tincture of iodine is destined to take the place of many of the old remedies in all the various forms of local inflammation.

Those who have an opportunity, can find much valuable observation in a work by John Davies, re-published in the American Medical Library, in 1839.

AMOS M. DUNTON.

*Plessis, N. Y., June 3d, 1843.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 JUNE 21, 1843.
 

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*College of Dental Surgery.*—A session of this institution, being the fourth, will commence at Baltimore the ensuing first of November, and continue four months. The charter, says the annual announcement circular, prescribes a course of study, which is conceived to be very complete. There are four departments, each of which is a distinct professorship.

From the very commencement, we have felt and expressed a strong interest in the progress and character of this school, from a conviction that it was actually needed, to clip the wings of a nomadic tribe of quack dentists; to diffuse scientific knowledge in a branch of surgery extensively practised in the United States; and above all, to elevate operative dentistry from a degradation with which it was threatened, before gentlemen of research, skill and high moral qualifications began to feel that they had something at stake, as well as the great irresponsible public.

A *Dental College* is a new thing, and there may be some friction in the machinery for a time; but in the end we have no doubt it will command the entire confidence of all intelligent people; and those who can exhibit the evidence of having been educated to the profession at Baltimore, will have a passport to business superior to any other kind of testimonials.

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*Stark County Medical Society.*—On the second day of May, this association met at Canton, O., on which occasion William Bowen, M.D., delivered an address. It is no every-day affair, inasmuch as it differs from all others, both in quaintness and sententiousness of style. He strikes off into deep water at the commencement, by saying—"if you will lend me your ears," &c. A historical memoir of the society follows, that shows a determination on the part of the members to elevate the character of the profession, secure its respectability, and profit by the experience of each other. All editors must necessarily feel obliged to the orator for this sentence—"I allude to subscribing for, receiving, paying for and reading medical periodicals. The physician who pretends to do justice to those who confide in his skill, without taking and reading one or more good medical journals, should be reminded that if he is not fortunate enough to obtain knowledge in the manner described by the learned Dogberry, he is guilty of a criminal abuse of the confidence reposed in him, if he neglects the advantages to be derived from a familiarity with our current medical literature, which he can obtain only from a regular perusal of some good periodical medical publication. The ignorance of many practitioners, remote from the large towns and villages, in regard to the recent improvements and discoveries in medicine and surgery, is deplorable, and results from their not being subscribers to some good medical monthly or quarterly." Proprietors of Journals of the denomination mentioned, can do no less than compliment such a vigorous champion of the periodical press, with one year's subscription, at least, by way of acknowledging their gratitude. Ours being a hebdomadal, happens not to be included within



the brackets of Dr. Bowen's recommendations to patronage. Nevertheless, we admire the boldness of the man, who dared to speak out an important truth without fear and without the prospect of reward.

Dr. W. W. Brewster, of Massillon, was nominated by the chair, to give an address at the next meeting. If he is as successful as the gentleman of whom mention has been made in the late convocation, the Society may well be proud of the talent at its disposal, and calculate upon the influence of its deliberations far beyond the precincts of any member's residence.

Both the constitution and code of ethics adopted by the Society, are admirable; they contain the pith of all others, adapted to the circumstances and necessities of the region in which the institution is located. On the whole, we are unusually well pleased with whatever has come to our knowledge on the subject of the Stark County Medical Society—because it is honorable to the professional enterprise and ambition of our medical brethren at the West.

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*Hot Springs of Virginia.*—More than twelve hundred acres of land, adjoining the hot springs, constitute a property now offered for sale. One half, three-fourths, or the whole, are in the market, but at what price has not been announced.

Of the medicinal properties of these splendid fountains, no one at all conversant with their history would pretend to question. But it is a singular fault in the proprietors of these healing waters, that they attempt to prove them to be universal panaceas for all infirmities of the human body. It savors of a very strong desire to sell out, when too many good qualities are ascribed to a tub of hot water. Some of those who certify to the exceeding value of these springs, make it in their way to underrate some others, which are annually resorted to by invalids and fashionables. Nothing of that sort is necessary to impress the sick public favorably towards the twelve hundred acres. All concur in giving the Hot Springs full credit for all they can do in the way of restoring the sick. There is an absolute absurdity in pretending that diseased livers, ulcerated limbs, bilious colic, dyspepsia, spasms, flatulency, intermittent fever, inflammation of the stomach, rheumatism, pains in the elbows, which are all named in a circular, find a sovereign remedy in them. A horse ran away with a man in a gig—and he too, forsooth, by using the hot bath about three weeks, got clear of a pair of crutches!

We are not finding fault with the water, but with those who injure its reputation by an over exertion for customers.

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*Stammering.*—There is a kind of periodicity in the appearance of the curers of stammering. It is a new and somewhat distinct order of business, and therefore kept in the first hands, as merchants say of a novel article. If a fair explanation were made of the process by which a stammerer is made to speak fluently and comfortably for himself and those whom he may address, the art would be held in much higher estimation than it now is. The age and rage for mysteries has in a measure passed away, and nothing in the scientific world is really valued that is not understood.

A gentleman who is known to be a very bad stammerer, wrote a learned

paper a few years since, describing the manner of curing himself—principally with small doses of Glauber salt! But, alas, if his house were now on fire, he could not give the alarm till his tongue clicked a dozen times against the upper teeth.

Being cured of stammering, as far as our observation on individual cases has extended, is pretty much like being cured of pulmonary consumption by living in the Mammoth Cave—all have died who were restored. Without wishing to bring any efforts into discredit which may produce good effects in overcoming a very great misfortune, it is proper to remark that those who impose upon the unfortunate by holding out expectations that can never be realized, should be held up to public scorn. There is obviously more quackery than science with some who make lofty pretensions to important discoveries in this department.

Something is said of a mechanical invention to wear on the point of the tongue, to keep it down to the lingual fossæ. Can any correspondent describe the instrument or explain the rationale?

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*Singular Condition of the Stomach.*—William H. Holmes, of this city, born January 22, 1835, was at birth of the usual size, and well formed. At seven months he had an attack of measles, from which he recovered slowly. When thirteen months old, he was weaned. Soon after beginning to walk, being about fourteen months of age, severe diarrhœa commenced, which was exceedingly obstinate for three months. During its continuance his mother says that he drank, upon an average, three quarts of rice gruel each day. The diarrhœa was finally checked, but spasms in the left arm and leg followed, with a partial paralysis of that side of the body, which still continues. In all this time, however, being now over eight years of age, this child has never taken a particle of solid food. He loathes the sight of it; if forced into his mouth, no matter what it may be, vomiting is instantly excited. His consumption of milk, which is the only article the stomach will tolerate, is not far from a quart in twenty-four hours, at present. He is pale, feeble, and somewhat distorted on the paralytic side, and evidently failing in health and strength from the ordinary standard heretofore enjoyed. It is quite certain that there is an organic disease of the heart, although no particular examinations have been made with reference to ascertaining its exact nature.

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*Porrigio Lupinosa, in Mice.*—Naturalists have decided that contagious diseases occasionally appear among wild as well as domesticated animals, but more rarely with the former, though exceedingly destructive when they appear. Such maladies, however, seem to be in exact accordance with a general law, familiar to medical philosophers. They are only developed when the number of a particular order is disproportioned to the productions of the region they inhabit. Thus the murrain, a pestilence that sometimes sweeps off thousands of cattle with alarming rapidity, only exhibits its desolating influence when a particular district or region of country is too densely inhabited by them. Then, and rarely under any other circumstances, that fatal disease is abroad. Still, with all its terribleness, the murrain does nothing more than reduce the excess down to the capacity of the soil for sustaining a sort of just proportion, with a proper quantity and quality of food.



So of the plague in the old cities of the Eastern world; a population, beyond the vital resources where multitudes habitually reside, is brought down to a certain hygieological standard—and then the scourge disappears almost as suddenly as it was ushered into being.

These observations, however, are only introductory to a curious fact lately noticed by several gentlemen, which may perhaps be of value to naturalists, if without the pale of pathological inquiry. Very many mice have been taken at a well known business station in this city, which were extensively diseased. On a careful examination, the external appearances show that the disease strikingly resembles *porrigo lupinosa*. Small minute pustules are found in patches about the head, neck and shoulders, which in their degenerated state, form hard, thin, whitish crusts—partially floating on oozing, or rather lying on the inflamed, ulcerated skin. The hair comes off in the neighborhood, and wherever the inflammatory action extends. Some of the little ill-fated creatures are minus an eye—whilst others appear to have lost nearly half the cranium by spreading ulcerations.

Whether or not the mortality has been great, in consequence of this singular complaint, is not known; certainly, any destruction to such perpetual annoyances would not be deplored, even should the entire race of tiny thieves be eventually exterminated by the epidemic that now preys upon them.

If the mice are too numerous for their individual welfare in a favorite haunt—a point which cannot be determined, notwithstanding the constant evidence of their sufferings—the disease will probably disappear when the living are proportioned to the resources of the location.

In the records of natural history, such occurrences should have mention, because they are essentially useful in illustrating great principles. This is the apology for introducing these observations, if one is by any means necessary. If the economy of the lower orders of the animal kingdom is interesting, the examination of the laws by which they are preserved, without participating in the countless ills to which man is incident, is also instructive. Nothing is beneath the investigation of a philosopher, which can assist him in studying the phases of animal organization, or the causes which derange the functions or cause the death of any being, however insignificant.

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*Fatal Influence of Solitary Confinement on Colored Persons.*—Dr. B. H. Coates stated to the Philadelphia College of Physicians, at a recent meeting, says the Medical News, that a very disproportionate mortality was shown by the official Prison Reports to exist, under separate confinement, in the white and colored races. In the Eastern Penitentiary the proportion was *seven* blacks to *two* whites. From the statistics of Dr. Emerson, published in the American Journal of the Medical Sciences, it appears that the relative mortality of the two races in Philadelphia is nearly as two one. Dr. Coates infers from this that colored persons ought not to be subjected to the punishment of separate confinement, without air, exercise and sunshine.

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*A new Medical Association.*—On the day of commencement of the spring session of the Castleton Medical College, June 6, 1843, a Society of Alumni of the College was organized.

*Officers of the Society Elect*:—Joseph Perkins, M.D., Castleton, Vt., *President*; Cha's Smith, M.D., Troy, N.Y., Simeon A. Cook, M.D., Buskirk's Bridge, N. Y., Anderson G. Dana, M.D., Brandon, Vt., *Vice Presidents*; Josiah N. Northrop, M.D., Castleton, Vt., *Secretary*; Egbert Jamieson, M.D., Castleton, Vt., *Treasurer*.

The annual meeting of the Society will be held on the last day of the spring session, at 9 o'clock, A. M., and a semi-annual meeting on the last day of the fall session of lectures, at 9 o'clock, A. M.

The stated exercises of the meetings will be an address at the annual meeting by the President, and an oration; the reading of theses, and miscellaneous communications at each meeting of the Society.

*Practice of Medicine in Puerto Cabello*.—A correspondent says that the treatment of diseases there is the same as pursued in Europe. Fevers and dysentery (*purjos*) are prevalent complaints—the latter being altogether the worst of the two. Surgery seems not to be practised extensively, if it is at all. Only minor operations are performed, it is inferred, from the circumstance that very little is ever said or heard of surgery in South America.

*New Editions of Medical Works at Philadelphia*.—Messrs. Lea & Blanchard have in press, to be published next month, Dr. Carpenter's Human Physiology, with additions and notes by Dr. Clymer, of that city. New matter has been received from the author, which is to be embraced in this edition. The same enterprising house will send forth next week, Walsh's Physical Diagnosis of the Lungs; and early, also, in July, Dr. Churchill's popular System of Midwifery, and Dr. Phillips on Indigestion. Each will be noticed separately, as they are received.

*New Medical Appointment*.—William Sweetser, M.D., has received the appointment of Professor of Theory and Practice at the Castleton Medical College, Vt., which it is understood he has accepted.

*Medical Students in the State of New York*.—The total number of medical students in the several medical schools in the State of New York, during the session of 1841-2, was 605; during the session of 1842-3, 677.

*MARRIED*.—At Alstead, N. H., June 7, Allen C. Fay, M.D., of Milford, Mass., to Miss Emily A., daughter of Joseph Kingsbury, Esq., of A.—At Philadelphia, Francis J. Steels, M.D., to Miss Frances Wallace.—At Paterson, N. J., Dr. John O'Connor Barclay, U. S. N., to Miss Ann Wilks Collet.—In Hartford, Conn., Dr. James M. Greenleaf, to Miss Jane E. Meyer.

*DIED*.—At Poquetannock, Conn., on the 8th inst., of erysipelas, Dr. Tho. W. Gay, 42.—At Clinton, Austin Olcott, M.D., 69.

Number of deaths in Boston, for the week ending June 17, 23.—Males, 11—Females, 12.—Stillborn, 2.

Of consumption, 3—insanity, 2—stoppage in the bowels, 1—accidental, 1—croup, 1—smallpox, 1—hooping cough, 1—bowel complaint, 2—disease of the liver, 1—dysentery, 1—old age, 1—lung fever, 1—dropsy in the head, 1—inflammation, 1—dropsy, 1—inflammation of the lungs, 1—erysipelas, 1—canker, 1.

Under 5 years, 7—between 5 and 20 years, 3—between 20 and 60 years, 9—over 60 years, 4.



*Fourth Anniversary of the American Society of Dental Surgeons.*—The occurrence of this event, on the third Tuesday of July next, in the city of Baltimore, should be kept in mind by all of the present members of the Society, and those who wish to become such. So great are the advantages of scientific association, from year to year, and so much strength and encouragement are gained by these annual re-unions of gentlemen engaged in the same laborious and useful profession, we have few fears that those who have been in attendance on the previous anniversary meetings of the Society can, by any circumstances of ordinary moment, be induced to absent themselves from the one to be held in July next; yet some of the new members, and those who have never availed themselves of the privileges of their membership, may not think enough of the occasion to make those sacrifices which the ample benefits of the association will reward a hundred fold.

Of the members of the American Society of Dental Surgeons, there cannot be one who has not, during the past year, learned something new in the profession, made some improvements, or encountered some anomalous cases in his practice, the knowledge of which would be an acquisition to the stores of dental information, and be a source of benefit to the Faculty at large. And the action of the Society indicates and secures a reciprocity of benefits; where a member brings to the common treasury the experience and improvements of only a single individual, he may carry away with him the gains and achievements in the art and science, effected by a hundred, besides all the social and scientific friendships and correspondences he may form, to be sources of information and delight to him through life.

The season of the year assigned to the anniversary meeting renders it peculiarly agreeable to southern members of the Society. It is precisely the time when Virginians, Carolinians, Georgians, Alabamians, Louisianians and Mississippians would choose to take an excursion to the middle and northern states; and to meet this brotherhood of the science, we feel confident they are ever ready to make sacrifices, which to all, north, south, west or east, the vacation of home professional duties may combine pleasure, business and instruction, in a degree that no other movement or organization could produce. The growing importance of the art, the security of regular, well-taught dentists against quackery and audacious empiricism, requires this annual sacrifice, if such it may be called, at the hands of the associated members of this Society.

In view then of all these considerations, as well as that of the public good, we hope the attendance of the members of the association will be general; let it be a congress of science, with a full representation from every section of the country.—*Amer. Jour. and Lib. of Dental Science.*

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*Nitrate of Silver in Bed Sores.*—Mr. Henry Jackson, in a paper read before the Sheffield Medical Society, extolled the efficacy of the nitrate of silver for the cure of bed sores. He mentioned one case in which "all the known remedies had been tried without avail," and in which a solution of nitrate of silver, ten grains to the ounce, applied by means of a camel-hair brush, over every part exhibiting the slightest appearance of inflammation, two or three times a day, until the skin became blackened, and afterwards occasionally, answered perfectly.—*Prov. Med. Jour.*

T H E

BOSTON MEDICAL AND SURGICAL JOURNAL.

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No. 21.

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ON THE NATURE, DIAGNOSIS AND TREATMENT OF INCIPIENT  
PHTHISIS.

By Christopher M. Durrant, M.D., Physician to the East Suffolk and Ipswich Hospital.

SINCE the immortal discovery of auscultation by Laennec, perhaps no disease has more fully occupied the attention of pathologists than the one under consideration ; and few indeed, it may be added, have advanced more progressively towards precision, or yielded more definite results.

The laborers in this extensive field have been by no means confined to a single country. England, France, Germany, America and Italy, have alike produced inquirers, who, by their zealous and successful investigations, have assuredly brought the diagnosis of phthisis, in its earlier stages, to a degree of certainty previously unknown.

The mortality caused by pulmonary consumption is estimated as producing at least one fifth of the entire deaths in this country ; which fact alone proves, with melancholy truth, the almost hopeless amount of benefit that we can expect to derive from medicine, save as a palliative in the *very advanced* stages of the malady.

That nature does occasionally, though rarely, bring the disease to a happy termination, I am fully convinced ; and as the views of M. Rokitsky, of Vienna, on this subject, are the most recent, I make no apology for introducing a somewhat lengthened quotation from the notice of his work on Morbid Anatomy, in the January No. of the British and Foreign Medical Review, for the present year.

This author has shown that the phenomena of phthisis may proceed towards a curative termination by six different modes :—" 1st. By a callos degeneration of the tissue around the cavity, or the formation of a membrane within it, like a serous or a mucous membrane ; the former being usually found when the disease is tranquil ; the latter when there is much irritation. 2d. The cavity may completely cicatrize, its walls gradually falling in and uniting, with obliteration of the bronchi, and sinking in of the surface of the lung, and perhaps of the wall of the chest also. 3d. The cavity may, after partially shrinking, be filled by chalky matter, from the metamorphosis of some remaining tubercle. 4th. In the place of the cavity there may be produced a large callous mass of tissue, like that of cicatrices. 5th. The tubercle may not proceed to the formation of the cavity, but being arrested



in its earlier progress, may diminish in size, and may be changed into a gray or dirty-white mass of chalky matter, and at last into a hard concretion. And lastly, at a still earlier stage, the tubercle being arrested in its progress, may retrograde and become *obsolete*, shrivelling into an opaque, blueish-gray, cartilaginous knot, which is indisposed to any further metamorphosis."

Such are the conclusions to which M. Rokitsky has arrived; to the correctness of some of which my own observations lead me to concur, more especially in reference to the occasional cicatrization of cavities, and the shrivelled condition of the tubercular deposit.

*Nature of Tubercle.*—This paper being professedly practical, my observations on the pathology of incipient consumption must necessarily be very brief. Without entering upon the multiform theories that have been advanced, I may state that I believe phthisis to be caused by the deposition of an unorganizable matter from the blood, presenting the form of miliary granulations, yellow caseous opaque matter, or, thirdly, as tuberculous infiltration; which latter deposit, save in the cases of acute phthisis, less frequently obtains in the early stages of the disease. This secretion forming tubercle is closely connected with the strumous diathesis, either hereditary or acquired, and, according to M. Andral, appears especially influenced by irritation, inflammation or congestion of the blood-vessels of the part in which it is earliest deposited.

The ordinary and primary seat of tubercle, as shown by Dr. Carswell, is principally on the free surface of mucous membranes; and at the commencement of the disease the lesser bronchi, the air-cells, and the interstitial cellular tissue, appear peculiarly obnoxious to its presence. Of the origin of the miliary tubercle, or granulations of Bayle, many different opinions are entertained. That of Laennec, who viewed them as similar in nature to the yellow crude tubercle, but existing in an incipient or nascent state, may perhaps be considered on the whole as the most satisfactory. M. Rokitsky appears to maintain a somewhat similar opinion, and believes the peculiar form of deposit to depend upon the degree of the tuberculous diathesis which exists at the time. The tubercular granulations, whether deposited singly or in clusters, appear first, according to this pathologist, in the form of miliary grains, "or, in an intense degree of the tuberculous diathesis, it may be deposited at once as the yellow tubercle."

In tubercular infiltration, the deposit appears completely diffused throughout the cellular and interstitial portion of the lungs, presenting the appearance as if the matter had been poured into the lung in a liquid form, and had subsequently become solidified.

This tuberculous infiltration is considered by M. Rokitsky as "hepatization by a tuberculous product." He maintains that the ordinary deposit of pneumonia, when occurring in a strumous habit, instead of being absorbed or becoming purulent, is gradually metamorphosed into the yellow tuberculous matter; and further, that the change from the fibrinous to the tuberculous secretion can be distinctly demonstrated.

This tuberculous infiltration, in which are not unfrequently detected isolated portions of caseous matter, sometimes obtains in a more fluid form;

this constitutes the *infiltration tuberculeuse gélatiniforme* of Laennec, and not a deposit *sui generis*, as has been supposed by some authors.

It is now, I believe, an undisputed fact, and one which we shall hereafter find to be of great practical importance in the diagnosis, that when tuberculous deposit in the lungs takes place gradually, in almost all cases the superior lobes will be found first affected; and of these the upper and posterior parts are most prone. Upon what circumstance this increased liability to tuberculous deposit depends, I confess that I cannot decide; neither has it, I believe, hitherto been satisfactorily explained. I do, however, conceive, that the rash exposure of the upper parts of the chest in both sexes, must, by exerting a local influence on the circulation in the corresponding part of the lungs, materially increase the power of the already existing cause, whatever that may be. Another curious and valuable fact, although of less practical importance than the preceding, is this, viz., that in the earliest period of tuberculous deposit the left lung is more obnoxious to the disease than the right. As the affection, however, increases, it will be found to advance with nearly equal rapidity on both sides.

**Diagnosis.**—In investigating the earliest signs by which tuberculous phthisis may be detected, I may remark that it is my intention to limit my inquiry to the physical phenomena of the affection. The general symptoms are so ably and fully described by Sir James Clark, in his valuable treatise on Consumption, that to his work, especially his remarks on tuberculous cachexy, and to Dr. Todd's learned essay on strumous dyspepsia, in the *Cyclopædia of Practical Medicine*, I beg unhesitatingly to refer, as embracing all that can be said on the general symptoms of the disease. Notwithstanding the determined opposition and ridicule which the stethoscope long encountered in its earlier career, its value as a diagnostic agent is now, I believe, too fully admitted to require any comment.

I must, however, strenuously urge the necessity and incalculable importance of investigating the earliest and most incipient threatenings of the disease; for, as Sir James Clark graphically observes, "I do not hesitate to express my conviction, that by adopting a rigid examination on being first consulted, the greater number of cases of tuberculous phthisis would be discovered at a much earlier period of their course—often, I am persuaded, many months, nay, occasionally years, before they now are, from the careless manner in which this class of patients is too commonly examined. In the present superficial mode of inquiry, it is too often far advanced, when the patient is said to be merely threatened with it, and tracheal or bronchial irritation are the terms employed to account for symptoms which a closer investigation would trace to a deeper source. We must not be satisfied with a few rough and slovenly thumps on the upper part of the chest, or even with the use of the ear or stethoscope for a few moments, applied as if we were afraid, rather than desirous, of ascertaining the real condition of the lungs. Such superficial examination, if it deserves the name, is worse than useless: with the semblance of doing something, it really effects nothing, unless it be to deceive the patient and his friends, and bring this method of diagnosis into unmerited disrepute."



Much of the apparent difficulty in stethoscopic examination may be easily removed by adopting in our investigation a more regular and methodical method; and, with this view, I may preface my observations on physical diagnosis by a few remarks on the practical application of the instrument.

In performing auscultation several rules are to be attended to, affecting both the observer and the patient. In a first examination, especially in the female sex, a nervous alarm is very commonly excited, rendering the respiratory movements irregular, abrupt, and wholly inefficient for the purpose of a correct diagnosis. This state we must endeavor quietly to overcome; we must guide, but not alarm, our patient, using as little parade as possible. "Avoid," says M. Fournet, "a stern air, an abrupt address, and solemnity; these throw the patient into a state of nervousness. There is a calm, simple, benevolent mode of accosting a patient, a certain gentleness and earnestness of manner, that at once wins his confidence, and renders him composed, so that he answers correctly, does what he is desired well; and then his features, influenced only by the morbid state, express accurately all he feels."

We must endeavor to give our entire attention to one sound at a time, avoiding with equal care any liability to distraction by surrounding noises. This faculty of concentration can, as I have personally proved, be greatly strengthened by habit, and then, like many other qualifications, it becomes more and more amenable to the will.

In examining the lungs in incipient phthisis, the sitting posture is to be preferred; the chest should be moderately rounded, and, if possible, uncovered; this, in the infra-clavicular regions, can generally be effected without outraging the feelings of the most delicate. The arms should be allowed to hang unconstrainedly at the sides. After glancing at the general contour of the thorax, and ascertaining the facility with which the ribs rise and fall, we should direct the patient to breathe naturally, so as in the first place to become acquainted with the normal state of the respiration.

The examination should be always conducted slowly, not trusting too much to medical tact; at the same time it is incumbent on us to be extremely careful not to allow any preconceived judgment which we may have formed to influence us in the investigation of the true state of the lung. The stethoscope should be applied firmly, but lightly, and in close proximity to the chest; all unnecessary rustling of the clothes must be sedulously avoided. The patient should then be directed slowly to take some deep inspirations, then a *single* cough, and repeated; this latter act will frequently enable us to discover the click of incipient phthisis, when other means have failed. Both sides of the chest must be examined in a precisely similar manner: this ought never to be omitted, however clearly and indisputably the disease may be indicated. In auscultating a chest where we have reason to fear deposit, the infra-clavicular, the acromial, the supra-scapular and the axillary regions, will obtain our especial attention. Still, however, in a doubtful case, we must never rest satisfied until the condition of the entire chest has been patiently and carefully investigated. The physical examination of the earliest local signs of phthi-

sis may be referred to three heads—inspection, auscultation, and percussion. To each of these I shall briefly direct attention.

[To be continued.]

## SEMINAL AND OTHER DISCHARGES FROM THE URETHRA.\*

By Benjamin Phillips, F.R.S., Surgeon to St. Marylebone Infirmary.

IT is now many weeks since I forwarded to you two communications having reference to the subject of involuntary discharges of spermatic fluid. And as those communications have considerably enlarged my experience, and that in comparatively a very short time, so as to enable me to bring the cases more vividly to my mind than I could do on a former occasion, I have concluded that the results of my experience on the subject during the last three months might go far to show the value of the remedy to which, on those occasions, I endeavored to direct attention.

The number of cases which have come under my notice since that time amounts to thirty-three; of these, twenty-three have been medical men—some in practice, others in *statu pupillaris*. In twenty-four instances it was admitted that masturbation had been practised; in some cases so frequently as twice or three times a day, but in all those cases it was stated that the habit had been abandoned. In two cases it was said that masturbation had never been practised; supposing that to be true, the only way to account for the discharge was to assume that irritation was set up by a natural phymosis. We frequently see, even in young children, that when there is inability to uncover the glans, the secretion around the corona glandis does become acrid and troublesome. Whether in adults a similar irritation will of *itself* induce spermatic discharges, is to me very doubtful; I can readily understand that it may induce masturbation. In two cases the affection was said to be the result of sexual excesses. In two cases the only apparent cause was stricture. In one case the cause seemed to be a frequent indulgence in reading lascivious books. In one instance the genital excitement resulted from study, or from the perusal of works of imagination.

Such have been the probable causes of the complaint. Its urgency was very variable; in some cases the discharge did not happen more than once in a week or ten days; in others daily; in others twice or even three times a day. The effects on the constitution were not less variable. In one case, where the discharge happened commonly three times a day, and where it had continued more or less for twelve years, the patient being at present 24, the buoyancy of his frame was very little disturbed; he could walk eight or ten miles without fatigue; whilst in other cases, where it happened once or twice a week, the physical and moral impression has been most profound. Much of this, no doubt, results from the hold the complaint obtains upon the apprehension of the patient.

In two cases the complaint co-existed with epilepsy; what direct relation the diseases bore to each other was not very evident. In two cases

\* See pages 35 and 89.



there was very considerable digestive disturbance ; flatulence and irregularity of the bowels were much complained of. In most of them there was constipation ; and unless that was carefully attended to, the genital distress was increased. In five cases palpitation of the heart was complained of ; in four, "swimming" sensations in the head, failing memory, inability to apply to anything. I cannot help thinking that, in some cases, the alleged failure of memory is owing to the intense pre-occupation of the mind with the complaint, and to the little impression which any other subject makes on it. Such have been the grand features in the cases to which I have referred.

With respect to treatment, the following are the results. Seven are at present under my care ; five I think are doing well, two are not so satisfactory. Of the twenty-six cases which are off my hands, eighteen have been more or less completely relieved ; in eight instances no sensible permanent good was derived either from caustic or other remedies, though there was complete remission of the discharges for many days. In more than one of these cases I suspect the mischief has been kept up by some imprudent but concealed habit. In one case, I found the patient lay in bed till mid-day, or even later, and that the discharge generally came on once or twice between 9 and 12 o'clock. I have no doubt it was caused by conjuring up mischievous images. I requested him to get up at 9 o'clock, and the evil was, for the time, at once stayed.

With respect to the plan of treatment I employed, it depended on the circumstances of the cases. In seven cases no acute pain was felt anywhere during the passage of the bougies ; in one it occasioned a feeling as if a seminal emission was about to occur. In those seven cases I was content to try the effect of the bougie smeared with mercurial ointment, or merely oiled, and introduced twice a week ; but although there was, in several cases, a considerable improvement, complete relief was obtained in only two instances. In nineteen instances I used the caustic. Of these cases ten were completely relieved by a single application ; in three the amelioration was decided, though the complaint was not cured ; in six there was no relief. In the nine cases in which the first application was insufficient, the remedy was again used—in three cases with complete success, in six without any evident amelioration ; so that it succeeded in two thirds of the cases in which it was applied, a result which, if confirmed by succeeding experience, would stamp it as a remedy of great value, though less certain than my previous impressions had led me to think.

On no single occasion have I known a patient to complain of the pain attendant upon the application of the caustic being severe ; in many instances it did not seem to be greater than that of the inconvenience of introducing a bougie. In one single instance only did I experience any after trouble. A patient had caustic applied, without complaining of suffering ; in four days afterwards he came to me with retention of urine. On the previous day he had walked far, and ate a good dinner, and it was after that he found a difficulty in passing urine. In many cases a little blood, usually a drop or two, has escaped on the next occasion of making water after the application ; but sometimes it has occurred two or three times.

In no case have I known the discharge which should follow the use of the caustic extend beyond a week, and usually it is very trifling. I believe the remedy is much more effectual when it induces a pretty copious discharge.

My summary then is this:—the caustic was applied in 19 cases; in 13 it succeeded, in 6 it failed; but in no case was there any aggravation of the symptoms; in no case was any complaint made of the amount of pain attendant upon the application; in only one case was any after inconvenience complained of. In several cases some drops of blood escaped with the urine; in some cases there was scarcely any appearance of discharge after it; in no case did the discharge extend beyond the seventh day.

It will be observed, then, that though the amount of good derived from the use of caustic is considerable, it is by no means a specific: but there is one class of cases in which the effect is remarkable; those in which very excited sensibility exists beyond the curvature, the disease seeming to depend upon the irritability seated in the vicinity of the opening of the ejaculatory ducts. In some cases this is so remarkable that the passage of a bougie over the part may actually induce emission. There are, however, many cases in which no such pain is discoverable, and in those cases I have not so much confidence in the efficacy of the caustic. In those cases the exciting cause of the emission is often habit. Masturbation or excesses having been long continued, the secretory action of the testicle is increased in proportion to the frequency of the calls made upon it; the vesicles are always full, the ducts are lax, and the fluid easily pressed forward. These cases improve under constant changing, occupation for the mind, and general tonic treatment. In one instance I have observed great good to result from the use of the tincture of cantharides carried to the extent of determining heat at the neck of the bladder, but in other cases I have known it fail.

I might allude to other plans of treatment, but as the present paper is merely a complement to the other, it might seem out of place.—*London Medical Gazette.*

#### EPIDEMIC ERYSIPELAS IN VERMONT.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As I have been requested to furnish some intelligence of the epidemic which has prevailed more or less in various parts of this State for some considerable time, I have supposed a communication to your useful Journal would answer a good purpose. I am the rather induced to take this mode, as I see from statements in the public papers that it begins to appear in some towns in Massachusetts. I have not *seen* so much of the disease as some physicians, but I have *felt* it in my own person, and thus have acquired some practical knowledge.

With respect to its nature, which many would devote much time and pains to ascertain, I mean to occupy but little space in discussing. What



is the present nature of disease, farther than that it is *morbid* or *altered action*, has not been ascertained, and perhaps never will be. It is sufficient that we understand enough of its nature to be able to apply appropriate remedies which shall mitigate or remove it. The disease in question has acquired universally the name of erysipelas, although in many cases no erysipelatous inflammation is externally manifest. But to my mind *the inflammation, wherever located, is of an erysipelatous character*. So much concerning its nature; and further, the disease is essentially *inflammatory* or *sthenic*, in the commencement, although, in many cases, in a few hours it becomes changed into a typhoid or *asthenic* form, or it might be said, as in cholera, that the patient sinks into a state of collapse. It is doubtless much modified by the state of the system and the constitutional temperament of the patient. Yet, I repeat, it is *essentially inflammatory*. The inflammation is specific; in other words, of such a peculiar character, that, in many instances, unless the most prompt and vigorous measures be resorted to within a few hours of the attack, it is impossible to arrest its destructive course. The patient will sink into that state where the most potent stimulants exert no more obvious effect than a spoonful of water.

Most of the cases I have seen have become less unmanageable when erysipelatous inflammation made its appearance on the surface. But whether on the scalp or the pia mater—the arm or the pleura, it will be found to possess the same character.

In its mode of attack it varies; but in a majority of cases the patient complains of symptoms resembling those denoting what is commonly called a cold. There is soreness of the throat, and a degree of stiffness and swelling in all the muscles concerned in moving the head. The sterno-cleido-mastoideus is particularly affected, rendering motion of the head painful. Indeed I have seen this in so many instances, that were I called to select a *single* symptom as pathognomonic, in the absence of external inflammation, I would point to this. There is almost always rigors, or at least very great *chilliness*, followed or preceded by pretty severe pain in some of the three great cavities. In some instances the symptoms of a common cold will continue without much change a few days—a week or even longer; and, at once, on occasion of the application of some exciting cause the disease will burst out in all its fury, and destroy the patient in twenty or thirty hours. In my own case I had been unwell for some time, perhaps ten days. I was affected with severe headache of an unusual character, and on riding eight or ten miles on one of the most tempestuous days of last winter, by the time night had come, I was, from extreme pain and weakness, scarcely able to crawl to bed. I caused myself to be surrounded by abundance of hot applications, but nothing prevented my shivering till re-action took place. I opened a vein and took away blood *ad deliquium*, which relieved me for the time. During the progress of the disease the pain was located entirely in the head; and, not to weary you with needless details, I was bled four times, and sinapisms, blisters, mild laxatives, with the most faithful and persevering application of ice to the scalp, the cold affusion—in short, the

most vigorous and persistent antiphlogistic treatment, succeeded in modifying, and finally in arresting the progress of the disease.

Once satisfied as to the nature of a disease, and its particular location, the intelligent physician needs only principles to guide him in the details of treatment; yet some may desire a few hints as to the manner they may successfully meet and manage a disease they may not have yet seen. Suppose you are called soon after the attack, the degree of pain and state of the pulse are, I had almost said, infallible in directing you with regard to venesection and its amount. Then if there be coldness of the surface or extremities, and no evidence of congestion in the head, particularly if you have reason to believe the stomach loaded, exhibit an emetic composed of tart. ant. et pot., combined with pulv. ipecac. Then with a view of determining to the surface I freely apply sinapisms to the neck, arms, epigastrium, and, if necessary, to the extremities. But on no account do I venture with drastic purgatives. I am well convinced not a few have been hurried beyond the "dread bourne" by a single drastic cathartic. When inflammation is set upon the bowels, in this disease, it is almost uniformly fatal. A few grains of calomel, followed by ol. ricini, and assisted by abundant enemata, will effect all that can or needs be effected so far as the intestinal canal is concerned. Guard the patient against, while at the same time you take proper measures to secure a plentiful supply of pure air. Nothing will more certainly afford relief in abdominal pain than fomentation of hops or wormwood. Be on the alert to examine every organ carefully and often, or the disease will steal a march upon you, and relax not even during apparent convalescence. I might have taken some notice of a peculiar modification of the disease in puerperal females, but my sheet is full. I may at a future time.

*Bradford, Vt., June 9, 1843.*

Yours, &c. H. HAYES.

#### REVIEW OF THE HON. MR. HODGES'S CASE OF INJURY BY RATCHETS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of May 10th there is a communication from Hon. J. L. Hodges, which demands a review. He states, in giving an account of his son, that he learned, while in W., for the first time, that Dr. Brewster was a partner of mine. He certainly received no such intelligence from me, nor from any one knowing the facts in the case, unless it was for purposes of deception. Dr. B. was with me only in the capacity of a student; and there would be as much propriety in saying that every student was a partner of his tutor, as to say Dr. B. was a partner of mine. I certainly did not so understand the arrangement then nor now. That he was to compensate me for instruction was true, whether he failed to do so or not, but I do not believe that constitutes him a partner.

He further states that I "not only recommended the use of the ratchets, but aided in putting them on, at his first visit to W." That the gen-



tleman is mistaken in this point, I do believe. I also believe that his mistake results from not knowing the name of the various instruments used. That he has honestly erred from this source is very possible.

He also states that he left his son under the immediate care of Dr. B., and my general supervision. If this was his arrangement, it would have been his duty to have informed me, but I did not know, until from the communication under consideration, that such was his desire. At any rate, I had no care of him while Dr. B. treated him.

He also states that at his visit to his son he found him under the use of the ratchets. I cannot say he did not, but I do say distinctly that if he had them on they were placed upon him by other hands and counsel than my own. Were I to give credit to the statement of Mr. H. I should be forced to the conclusion that a deep game was played off upon him, to produce unpleasant feelings towards me, regardless of consequences. That I had no agency in what he states relative to this point, is as true as the sacred volume.

He states from the authority of Dr. B. and family, that I visited his son as often as every other day for six weeks previous to his visit. That he was so informed by Dr. B. is very possible, but nothing is more false than the statement, which my books will abundantly show.

Mr. H. also states that he had corsets prepared for his son by my advice. I here solemnly aver that I had no agency whatever in preparing, or fitting, or adjusting any such instrument for his son. If he chose to have others adjust or fit them to him, he had a perfect right to do so, but it is unjust and extremely illiberal to attach blame to me for others' acts over which I had no control.

The statement relative to the ox is too absurd to deserve a passing notice; and every one acquainted with me, or my manner in treating suffering, will know it to be false. I believe it a base slander, for purposes better known to those who uttered it than myself.

Mr. H. also states that a hostile spirit had grown up between Dr. B. and myself since his first visit. It was true that I disapproved the course Dr. B. had taken with his son, and had expressed this to Mr. H. by letter, which he omits to notice. The difficulty, whatever it was, originated from my not being able to approve of Dr. B.'s treatment, after I had learned his management. Now, is it possible to suppose for a moment that this could have happened if his son had been under my control?

He represents his son as being decrepid and deformed, invincibly so, and that nothing can correct it. He was placed under the care of Dr. J. B. Brown, and the disease has progressed. I do believe that no such result would have been witnessed if he had been treated by me. My reasons are, that many, very many such cases have recovered under my treatment. A single one must suffice.

Miss E. K., residing in Boston, was affected with a curvature of the dorsal vertebræ. In its first stage she was placed under the care of Dr. B., at which time she was able to walk to his residence with freedom. She remained under his care for about a year. The disease progressed rapidly under his treatment, and at the end of the year the curvature had

increased much in size, and both lower extremities were paralyzed. Not the least power of motion was perceptible in either, and her health much impaired. In this condition she was placed under my care, and now has a pretty fair figure, and is running at her pleasure, having the free use of her limbs, and enjoys a comfortable state of health. Now, if a case like this could be restored under my treatment, there is no good reason why the son of Mr. H. should not, for the disease was the same in both, having no difference to vary the result, only that his son possessed, as Mr. H. asserts, a good constitution, which was in his favor, while Miss K.'s constitution was bad.

I admire the liberality of Mr. H. in stating that he had "little doubt that I had been misunderstood and misrepresented by Dr. B." Yet I must confess that it is strange that he should, after this conviction, put forth in a public journal those very misrepresentations. That the honorable gentleman has been grossly deceived and imposed upon by designing persons, so far as I am concerned, is, I believe, most true, and I deeply regret that his amiable son should meet with such deep calamity as a consequence. My conscience acquits me from all blame, for as soon as I discovered what was going on, I honorably certified him of it. More I could not do. If he, after this, prefers blame to me, I must say that he is unjust. Nor can I hold myself responsible for the conduct of others.

It was true that I did disbelieve that Mr. H.'s first communication was from his pen; but had I known the extent of the imposition imposed upon him, I could not have been credulous. Relative to the use of the ratchets, if Mr. H. understands what they are, he cannot be excused, in my opinion, from deliberately putting forth a falsehood; but if he calls another instrument by that name, it at least palliates the offence.

June 10, 1843.

ALANSON ABBE, M.D.

## MECHANICAL EXPULSION OF WORMS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In a No. of your Journal of last year I noticed an article over the signature of T. G. Stockbridge, of Bath, Me., in which he reports a case of the expulsion of worms from the alimentary canal, by the accidental reception into the stomach of metallic hooks and eyes. The publication of the facts in the case elicited from the secular journals a variety of opinions—some regarding them as probable, others the reverse. A few months after the report of Dr. S. appeared, a similar case came under my own observation in this parish.

A child of Mr. Lombard, while playing with *metallic buttons*, accidentally swallowed one. On the following day the child passed the button by stool, the eye of which was threaded with a very large worm, perfectly strangulated.

WILLIAM STOCKBRIDGE.

*West Feliciana Parish, La., June 1st, 1843.*



## DR. NILES MANCHESTER.

[Communicated for the Boston Medical and Surgical Journal.]

DIED suddenly on the 15th instant, at North Providence (Pawtucket), Dr. Niles Manchester, aged 65, formerly 1st Vice President of the Rhode Island Medical Society

Dr. M. was born in Johnson, and commenced his professional career in North Providence forty years since, where his practice has been successful and extensive, till within the last two years, when declining health compelled him to retire. He was faithful and conscientious in the discharge of professional duties, and enjoyed the respect and confidence of a wide circle of employers in the neighboring towns, where he was often called in consultation. In accurate diagnosis he met with few equals among physicians educated in his day, and his kind and soothing manner in a sick room, rendered his visits peculiarly agreeable. P.

## MORAL DUTIES OF THE PHYSICIAN.

From Dr. Bartlett's Valedictory to the Graduates of Transylvania University.

THE last motive of which I shall speak, and under whose promptings, to a greater or less extent, you will perform your professional labors, *is the sense of duty.* This is the loftiest and noblest principle of human conduct, and when enlightened and pure, it is the safest. In the hierarchy of the spiritual powers, to this, from the beginning of the world, has been ordained the supremacy. I do not stand here as a sermonizer. Such is not my vocation. I meddle in no way with your religious belief. I have nothing, whatever, to do with your articles of faith, or your religious creeds. These rest between yourselves and your Maker. To his own master every man standeth or falleth. But this great truth, of the supremacy of the religious and moral nature, God has written as legibly in the very constitution of humanity, as he has in his own inspired and authenticated volume. True science and revelation mingle their accordant voices in the proclamation of this transcendent verity. They alike declare that human character attains its fullest development, and reaches its highest perfection, on one sole, inevitable condition—and that is, the ascendancy of these powers. Unsullied integrity, truth, purity, honor that can take no stain, self-sacrifice, doing unto others as we would that they should do unto us, justice, charity, philanthropy, love—have not these ever constituted, do they not still constitute, the strength, the grace, the glory, the ornament of humanity? And in the practice of our own art, they are as essential to the largest success and the highest happiness, as in any of the walks of life. I rejoice that we belong to a profession, so crowded as is our own, with high examples of this beautiful union of science and virtue. The annals of our art are all radiant with their starry names. Go where you will—through all the wide regions of civilization and of science; and in every nook and corner, in every quiet village, in every remote and rural district, will you find the fragrant memory of some

such example, or some living illustration of its beauty. In the village church of Dundalk, and near to its sacred altar, there is a marble monument, on which is written the name of George Gillichan—a man, as I have learned since these words were written, who was a class-mate in Europe, and an esteemed personal friend of one of my present colleagues. In the beginning of that dreadful epidemic with which Ireland was overrun, twenty-five years ago, he was among the earliest to see and to comprehend the danger of the coming storm. He aroused his friends and neighbors to a sense of the peril which was approaching them; he urged them to make ready for its visitation; he aided them in the establishment of an efficient medical police, and in the institution of a public hospital. And when, amidst gloom, and misgiving and terror, it came upon them, where was the young physician? Day and night, at the bed-side of the sick and the poor. He refused entirely the calls of the rich. He withdrew himself entirely from the service of those who were able to pay, and who could therefore easily command all the care and attention which they required, in order to devote himself exclusively to the destitute, the forsaken, the neglected, to those who were ready to perish because there were none to help. Gillichan was young—thirty years had not yet passed over his head—he was learned and accomplished;—life, with its golden honors yet unreachd—with its choicest pleasures yet untasted, spread far and wide before him;—he hoped to escape the fever, although he had a strong and sad presentiment, that he should not survive it if it seized him—he knew, that in the close and confined dwellings of the poor, the contagious causes of the disease were concentrated and malignant—but, urged on by his sense of duty, and his love for his fellow men—hour after hour—day after day—night after night, in the crowded hospital, in the unfurnished hut, by the way-side, in the dark, damp, cheerless hovel, with its beds of straw—wherever the mingled call of disease and poverty summoned him, wherever there was suffering to be relieved, wherever there was hunger to be appeased, wherever there was wretchedness to be comforted—*there*, with the succors of his divine art, with the charities of his liberal hand, with the solace of his friendly voice, like a ministering angel, was the young physician. At last, worn down by fatigue, and poisoned by the thick contagion in the midst of which he had lived, he fell a victim to the pestilence—and amidst the sounds of a universal grief, and borne on the wings of a general prayer, his spirit went back to the bosom of his God. The gratitude of survivors may rarely have erected visible monuments to their Gillichans; but there are few neighborhoods, which have not been blessed by them. Ever consecrated be thy memory, young martyr to humanity, to duty, to love! I would sooner make a pilgrimage to thy humble tomb—I would rather hang a new garland on the urn which contains thy ashes, than to visit the mausoleums of all the Pharaohs, and the Cæsars, and the Napoleons, that the world has ever seen.



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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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JUNE 28, 1843.

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*Epidemic Influenza.*—Intelligence is brought through the newspapers of the general prevalence of influenza, at the South, West and North. Within a short time numerous cases have been brought under notice in this city. There is a slight soreness of the throat, a tendency to cough, occasionally, together with a sense of soreness extending down the walls of the chest. Some who have taken the least medicine appear to have escaped with less suffering than those who have been medicated the most actively. This is no reason why nothing should be attempted, however, by any means, as it is possible those were cases in which nature was competent to carry on the work of cure without the assistance of art. When medicine is necessary, it should be cautiously administered, under the watchful care of a physician; but no half-way measures are ever to be tolerated. The dabbling with a little of this and that, which everybody recommends, without knowing anything about the malady or the article, makes sad inroads upon the health of all communities.

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*A Professorship in the Market.*—An advertisement appears in a Boston paper, headed—"To the medical profession," in the same way that a merchant would announce a box of herrings for sale—which notifies the public that the Chair of Anatomy and Physiology in the Medical Department of Hampden Sydney College, in Richmond, Virg., being vacant, applications, post-paid, will be received by the Dean till July 18th.

Instead of this plan—by which a man who can muster the largest catalogue of names to recommend him, whether qualified or not, might perhaps obtain the office—if the trustees had announced a concours, how much better and fairer. Then, all who aspired to the professorship could have exhibited their qualifications by a personal effort—and the one having the best tact for teaching and the largest fund of knowledge to draw upon, would have received the appointment.

Appointments of this kind, made unseen and unheard, merely on the strength of recommendations, are extremely hazardous. A dolt, who never earned his breakfast, has been raised to professorial dignity by friends and relations, to be a dead weight ever after on the institution. Book knowledge is not enough for a teacher of anatomy—he should be a fluent, ready speaker, untrammelled by notes. Medical schools in the United States have been crushed in character, though they have struggled on for an influence never to be attained, by having saddled upon them a mass of leaden intellect, which they have not the courage or independence to throw overboard, for fear of displeasing somebody, who, perhaps, does not even care for their destiny. Anything is better in a medical college than great stupidity, under the dignified title of a professor.

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*Naval Medical Bureau.*—The Washington Capitol says—it was rumored about the Department on Saturday, that Dr. Barton, of the Bureau

of Medicine, &c., in the Navy Department, had received permission to leave. Drs. Kearney and Washington are spoken of as his successors.

Perhaps a more decidedly unpopular appointment was never made by the department, if one half is true that has been related of Dr. Barton's method and manner of doing business. When there is so much smoke there is generally some fire. It seems impossible that the naval surgeons should indulge their spleen in the way some of them do, if the head of the bureau was just as discreet and obliging as every medical officer should be. One gentleman declares that Dr. Barton does not lack in knowledge, as he knows enough for ten ordinary men; yet he believes him wholly unfit for a governor. Some are born to rule, but in this instance it seems not to be the case, as the incumbent does not please all, if any, of his subjects. It is our own individual opinion that Dr. Barton is in some measure misunderstood; and that he should have a sufficient time for developing and maturing the various plans he may have proposed. It is in no way just to condemn a public officer without good and sufficient reasons. If at the close of a year's administration, no beneficial results are perceptible, and his schemes prove to be mere moonshine, then give the office to a practical man, who has common-sense notions of plain common-sense things. We disapprove of all hasty proceedings in regard to public officers, just because some one or a dozen individuals are prejudiced against them.

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*Antidote against the Poison of Prussic Acid.*—It is asserted in some foreign publication, with an air of authority, that death from prussic acid is only apparent death, and that life may be immediately recalled by pouring acetate of potash and common salt dissolved in water on the head and spine. Occasionally a suicide is accomplished by this terrible drug—apothecaries, however, are so generally cautious that persons suspected of an improper motive very rarely obtain it.

An apothecary in this city recently informed us that he had repeatedly dipped the end of a stick in prussic acid and thrust it into a trap in which there was an imprisoned rat—which, although seized by the mouth, and consequently conveying considerable of the poison directly to the tongue, produced no very sudden effects, as commonly represented. In the course of fifteen or twenty minutes or so, the rat would begin to reel to and fro, and finally expire. Opportunities are constantly occurring for trying the effects of the remedies noticed in this note; and we enjoin it upon those who are curious in the matter, as well as those who may feel desirous of ascertaining the truth and value of the discovery, to begin a series of experiments at once, on the small animals.

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*Dartmouth College.*—Lectures commence in this College, as will be seen by an advertisement, the third Wednesday of August. This is one of our oldest schools of medicine, and certainly an eminently respectable one. It is the institution where the celebrated Dr. Nathan Smith reared a monument to his own fame: it was originated by that great man, and it has always maintained a character of which all New Hampshire may be proud. No institution in New England has, in the same time, educated more skilful physicians or distinguished surgeons.



*New Method of making Anatomical Models.*—In referring to a new and beautiful mode of exhibiting anatomical dissections, in plaster, some weeks since, the manufacturer was called Wyatt. The name should have been Hyatt—a mistake which we correct with much pleasure; while urging upon the lovers and cultivators of practical anatomy to patronize the artist. A correspondent says—"it is astonishing how cheap they can be furnished—(dissections of a foot, fifty cents)—and when painted they are *life*. They will be a great acquisition to private or public museums." Those wishing specimens, or ambitious to have any dissection copied, or rather modelled, should address J. C. Hyatt & Brothers, Rochester, N. Y.

*The Credit System in Medical Colleges.*—One of our correspondents writes thus :

"Since I am writing, I will say of Geneva College, the catalogue will be *shortened* the coming session, and it is just you should know the reason ;—the Faculty will refuse to take any men upon credit ; and this is a law 'like the laws of the Medes and Persians,' in no case to be broken ! The credit system has been for a long time a disgrace to our Medical Colleges. Two years since, many of the Northern colleges were written to, urging them into a system of *cash* ; but for various reasons they all declined. This year Geneva determined to adopt it, whether other colleges would or would not.

"The reasons for refusing credit are, 1st. *Fifty per cent.* is never collected on the notes—since although *good* endorsers are required, it is never known whether they are good.

"2d. If the Faculty force the collection, it might be ruinous for the institution.

"3d. If they do not, students are often sent to other colleges, lest their whereabouts should be learned.—The above reasons relate to the interests of the school ; but other reasons exist.

"4th. It is unequal and unfair to those who pay *cash*.

"5th. It is burdensome to the *debtor himself* ; as he will always find, when he attempts to pay a college debt out of the meagre earnings of the first few years.

"6th. It is unjust to the *profession* ; as it opens the door wide to every thing.

"The evil was (is) increasing in a geometrical ratio almost—and if *other* colleges are able to continue the system, Geneva is not and *will* not. She acknowledges herself ambitious of this 'iron-faced' reputation. For medical colleges to give *credit*, we think is not *creditable*." \*\*\*\*\*

*The late Professor Palmer.*—Our correspondent at Middlebury, Ct., who in last week's Journal made some very good remarks on the subject of *spurious remedies*, makes the following correction of the alleged cause of the death of Dr. Palmer, of Woodstock, Vt. "I notice in a number of the Journal for February last, a communication from Dr. Chadbourne, of Concord, N. H., in which he states casually that the death of Prof. Palmer was caused by the inhalation of sulphurous acid fumes. Will you please state, on the authority of an eye witness, if the fact is presumed not to be generally known, that it was in consequence of the *imbibition* of con-

*centrated sulphuric acid.* I have always regretted that some of his particular friends did not communicate for publication a full statement of the melancholy affair.

R. C.

*Intus-susceptio.*—In one of the papers it is stated that the cause of the death of the Hon. H. S. Legare, Attorney-general of the United States, who died in this city on Tuesday morning of last week, was intus-susceptio—and in another is the following paragraph, presumed to be on good authority: “On post-mortem examination, it was ascertained that death was occasioned by an internal strangulation, arising from the twisting of the intestine upon itself, at the sigmoid flexure. His disease, therefore, was one which precluded all hope of the successful application of remedies.”

*Swallowing Coins.*—Every newspaper reader is familiar with the recent case of Mr. Brunel, the great Thames Tunnel engineer, of London, whose life, of late, has been fearfully jeopardized by accidentally allowing a piece of gold coin to get into the larynx. He was relieved thus—“On Saturday, the 13th, Mr. Brunel was placed on the apparatus, the body inverted, and the back gently struck; after two or three coughs he felt the coin quit its place on the right side of the chest, and in a few seconds it dropped from his mouth.”

Of the value of position, in such cases, we have another evidence in a letter from a country gentleman to the editor of the London Sun—which is as follows:—“Upwards of twenty-five years since, the late Mr. Peter Dixon, a most able and highly-respected surgeon, was in attendance on my father, who was then curate and lecturer of St. Mary, Newington-butts, Surrey, and in my presence he said to him—‘Dickinson, I have just had a most singular and curious case. A patient of mine, who was ill in bed, was playing with a silver coin to amuse his child, and he accidentally swallowed it. I found it was useless to attempt to remove it by means of instruments, so I got persons to hold his legs while I pulled him over the side of the bed, hanging his head to the floor; coughing came on, when the coin was almost instantly forced out with considerable violence.’”

*Medical Graduates of the Vermont Medical College.*—The following are the names of the graduates of this year, with the subjects of their several theses.

Isaac N. Adams, *Inflammation*; Horace L. Brown, *Fever*; Lucius C. Butler, *Pneumonia*; Riley W. Carpenter, *Apoplexy*; Andrew Durnford, *Variola*; Rufus Fellows, *Acute Hydrocephalus*; Fordyce Foster, *Emetics*; A. M. Frost, *The Stomach*; David Goodale, *Typhoid Fever*; Sylvester M. Hewitt, *Tubercles*; E. Darwin Hitchcock, *Effects of Cold*; William E. Jennings, *Erysipelatous Cynanche*; Stephen Pearl Lathrop, *Chemistry as connected with Medical Philosophy*; Edward W. Morse, *Peritoneal Enteritis*; James C. Nash, *Pericarditis*; Henry H. Palmer, *Apoplexy*; Asahel A. Plympton, *Aneurism*; Robert H. Paddock, *Vitality*; Norman Smith, *The Nervous System*; Hiram L. Todd, *The Circulation*; Henry A. Weymouth, *Typhoid Fever*.



*Wine of Colchicum in Fevers.* By THOMAS EMBLING.—I would beg to call the attention of the medical profession to the value of the vinum colchici in fevers generally.

I have used it for a considerable time in scarlatina, measles, smallpox, influenza, and every other form of fever, when there has been the slightest manifestation of an inflammatory action existing. In one case of confluent smallpox in an adult, who had been vaccinated, the most marked benefit was derived from its administration. I have also found it singularly useful in checking the evening exacerbations of febrile diseases, and in abbreviating the duration of the disease.

The only difficulty I have experienced has been its tendency to run off by the bowels, but after trying a variety of adjuncts I have proved that a minute quantity of the tinct. opii, modified by the addition of the same quantity of vinum ipecacuanhæ, has always retained the colchicum in the system, and, also, without at all increasing the febrile action by the presence of the opiate. Having for a lengthened period proved the advantage of the colchicum in such cases, I have wholly relinquished the saline method of treatment in fevers, and can with the greatest confidence recommend its employment to my medical brethren.—*London Lancet.*

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*Rare Animalcules in the Blood of a Dog.*—In February last, M. Gruby brought under the notice of the French Academy of Sciences, some vermiform animalcules which he had met with in the blood of a healthy and strong dog, ten or eleven years old, and which had been fed on horse flesh and fat for the previous three weeks. The worms were transparent, and about one-hundredth of an inch in length. Their anterior extremity was the larger, and presented a fissure, which appeared to be a mouth; the tail tapered off to a fine point. They were very active, living for ten days after the removal of the blood from the circulation. Examined in a drop of this fluid under a microscope, they were observed to shape their course between the globules, by an undulating motion, and to curve and twist themselves frequently and with much rapidity. For twenty days MM. Gruby and Leblanc found them in blood from any part of the body of the above dog, but they have failed to be seen in the blood of nearly one hundred other dogs since examined for the purpose.—*L'Experience.*

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*Analysis of Angelica Root.*—An analysis has lately been made by M. Buchner of the constituents of angelica root, which is found to comprise, besides an essential oil, a species of wax, a crystallizable resinous matter called *angelicine*, a peculiar acid termed *angelic acid*, with a bitter principle, resembling tannin, a gummy extract and various salts. The angelic acid exists, combined with potash, in the alkaline liquor obtained by heating the balsam of angelica with caustic potash. The addition of sulphuric acid to this mixture causes the disengagement of a very strong and acid odor, and the deposition of the angelic acid in soft, oleaginous, but subsequently crystallizable masses, the product of which, when distilled, saturated in potash, and then redistilled with strong phosphoric acid, is the angelic acid in its purest state. This oily acid congeals at a temperature considerably higher than water, forming large, striated prisms; its smell resembles that of valerian mixed with acetic acid, and the taste is fiery as well

as harsh. With the alkalies and alkaline earths it forms soluble compounds, which, on the addition of the salts of silver and lead, give a white precipitate, and when mixed with a solution of chloride of iron, yield a flesh-colored precipitate, like benzoate of iron, and wholly different from the brick-colored precipitate of angelicate of iron.—*Ibid.*

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*Statistics of Tænia.*—Herr Wauruch, of Vienna, states that of 3864 persons treated in the space of twenty years at an hospital of that city, 206 were affected with tænia. Of these 206, 71 were males, and 135 females. The oldest individual affected was a man of 54, and the youngest a girl of 3½ years old. Most were persons between 15 and 40 years of age. Tænia was not found in any woman after the cessation of the menses, and in only two men above 50 years old. Persons most concerned in animal provisions were those observed to be chiefly attacked; for of the 206 patients, 1 was a man and 52 were women cooks, several were butchers, and 11 were eaters of large quantities of meat. Among predisposing causes, the principal were a habitation in a damp neighborhood, and the use of injured aliments, as bad bread, flour, butter, potatoes, &c., but particularly bad mutton, pork, and water.—*Ocserr. Med. Jahrbuer.*

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*Medical Miscellany.*—Dr. Sylvanus Brown, who was imprisoned for disturbing public worship, has been liberated from prison by a pardon from Gov. Morton.—Births in Dedham, Mass. for one year ending May 1, 1843, 96; marriages, 31; deaths, 63.—Rev. N. Hayden has received £600 damages, in the Dublin Court of Exchequer, from Dr. Harty, for imprisoning him in a lunatic asylum, on application of his wife.—Baron Rothschild, of Paris, says report, has given 100,000 francs for the foundation of a Jewish hospital at Jerusalem, on condition that a Jewish school for both sexes is annexed to it.—The largest man in the British service is supposed to be Lieut. Sutherland, of the 26th regiment, now at Cork. He is 6 feet 4 inches in height, weighs 350 lbs. (14 stone), yet is only 23 years of age.—The smallpox exists in several places in New Hampshire, at Thomastown, Maine, and in one or two towns in Massachusetts. Vaccination can alone root out the pestilence.—Mr. Raymond, the inventor of the celebrated fracture apparatus, has made some further improvements in the instrument, specimens of which may be seen at this office.—A correspondent say that “Hufeland’s Manuel de Médecine Pratique” should be translated and placed in the hands of every American physician.

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MARRIED,—In Boston, Dr. W. Read, of Lynn, to Miss S. A. F. McLellan.—In New Bedford, Mass., Dr. Wm. Forbes to Miss Jane W. Richmond.

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DIED,—In London, Frederick Tyrrell, an eminent surgeon. He died at an auction room, suddenly, of a disease of the heart, aged 46.

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Number of deaths in Boston, for the week ending June 24, 32.—Males, 16.—Females, 16.

Of consumption, 5—debility, 2—lung fever, 3—drowned, 2—inflammation of the bowels, 2—child-bed, 1—dropsy, 1—dropsy in the head, 1—accidental, 1—intus-susception, 1—dysentery, 1—nervous fever, 1—bilious colic, 1—smallpox, 2—inflammation of the lungs, 3—jaundice, 1—scarlet fever, 1—infantile, 1—worms, 1—intemperance, 1.

Under 5 years, 8—between 5 and 20 years, 8—between 20 and 60 years, 13—over 60 years, 3.



*Cirrhosis of the Lung.*—Dr. Stokes exhibited to the Pathological Society of Dublin a specimen of that disease of the lung, first described by Dr. Corrigan, under the title of cirrhosis of the lung. Its general characters are, a tendency to consolidation or contraction of the pulmonic tissue, with dilatation of the bronchial tubes. Dr. Stokes's patient had been laboring for months under cough, with dyspnœa and hectic fever, and died two days after her admission into the hospital. The physical signs were dulness of sound on percussion over the upper part of both lungs, but no decided or unequivocal signs of cavities. The appearance of the lungs on dissection was very characteristic; the left, which was the more diseased, was greatly diminished in size, and very irregular on its surface, so that when the hand was passed over it numerous small bodies could be felt, conveying to the fingers the impression of tubercles existing on the surface of the organ; this was produced by the presence of air vesicles. On making a longitudinal section of the trachea and primary divisions of the bronchi, the right bronchus, immediately after it branched off from the trachea, became greatly dilated, so as to exceed the latter in diameter, while the left bronchus was evidently contracted and reduced below its ordinary calibre, but dilated again a little further down.

At a subsequent meeting, Dr. Greene exhibited another specimen of pulmonary cirrhosis, with dilated bronchial tubes, closely resembling phthisical cavities, taken from a woman who had long suffered from intractable cough, and who was affected with a train of symptoms closely resembling phthisis. The physical signs were, cavernous respiration and distinct pectoriloquy in the right infra-clavicular space; the latter sign was also found at the inferior angle of the scapula, and in the right axilla: distinct gargouillement, with bronchial respiration, could be heard in various parts of the chest. The left lung presented the signs of bronchitis. The lung, on examination after death, was found to be diminished in size and indurated; the cavities formed by the dilatation of the tubes were of considerable size, and did not contain purulent matter; they were largest near the surface of the lung, and towards its upper part. Their cartilaginous structure could be distinctly traced. There was not any sign of tubercular deposition in either lung. The pleura was greatly thickened, and the diaphragm was adherent to the liver.

Laennec attributed this complaint to constant cough and accumulation of mucus in the bronchial tubes. His opinion is, however, liable to objection, and his account of the causes to which the dilatation is owing, is not sufficient to explain all the phenomena. According to Dr. Corrigan, the primary seat of the disease is in the web of cellular tissue which constitutes the matrix of the lung, which has a tendency to contract, so as to produce, when the disease is advanced, a very considerable obliteration of the air-cells. He thinks the diminution of the lung the first step in the disease, of which the dilatation of the bronchi is a consequence.—*Dublin Medical Journal.*

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*New Books in London.*—A Practical Treatise on the Diseases of the Testis, and of the Spermatic Cord and Scrotum; with Illustrations. By T. B. Curling, Lecturer on Surgery, &c.—The Plea of Humanity and Common Sense against Surgical Operations for the Cure of Impediments of Speech. By James Wright, Esq.

T H E

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ON THE NATURE, DIAGNOSIS AND TREATMENT OF INCIPIENT PHTHISIS.

[Continued from page 413.]

**INSPECTION.**—On baring the chest, and placing the patient in a direct light, at the same time taking care that he use no muscular exertion, we are not unfrequently enabled to detect a marked difference in the form and rotundity of the upper part of the chest. This in some cases is very slight, or even unobservable, while in others it amounts to indisputable softening or flattening of the infra-clavicular region. To this is sometimes added an insufficient elevation of the three or four superior ribs on one side of the chest. The difference, if not very appreciable, may occasionally be rendered more so by the application of the expanded hands simultaneously beneath both clavicles, when we often perceive, on directing a full inspiration, that the ribs on one side rise with elasticity, as in health, while on the opposite side they remain comparatively motionless.

These signs, of minor import when isolated, when combined with the evidences obtained by auscultation and percussion, tend to throw considerable light on a doubtful case, and as such should never be omitted in the examination. The causes on which the above phenomena depend, are, I imagine, to be attributed to whatever obstructs the admission of air into the minute bronchial tubes. This may arise from thickening of the tubes themselves; compression by tuberculous deposit; partial atrophy of the pulmonary tissue from inactivity, often increased by adhesions; to which should be added, wasting of the thoracic muscles.

With the above phenomena may be included the occasional occurrence of diminished vocal vibration, as perceived on applying the expanded hands upon the upper parts of the chest. This becomes more apparent in those cases in which the tuberculous matter is deposited with the greatest rapidity, and confined *en masse* to the apex of the lung.

**Auscultation.**—I have selected the examination of the signs deducible from auscultation, prior to those from percussion, inasmuch as I feel persuaded, that, to a practised ear, the minute changes which take place in the respiratory murmur in the earliest stages of incipient phthisis are more appreciable, and more decisive of the disease, when investigated by the auscultatory phenomena, than when too implicit reliance is placed on the minute shades of dulness as elicited by the most careful percussion.



For practical purposes the physical changes affecting the normal respiratory murmur, may be advantageously divided into those pertaining to the sounds of inspiration, and those proper to expiration.

I may in this place again repeat the importance of examining and concentrating the attention on each sound separately; at the same time carefully comparing the results with the phenomena observable on the corresponding side, and in other parts of the chest.

The murmur audible during the act of inspiration may be simply decreased in duration and intensity; for instance, if fixed at 10, the nominal healthy standard of M. Fournet, it may fall to 4, or even to 2; and in cases of rapid deposit may become inaudible. The same murmur frequently undergoes great alteration in character, conveying to the ear the impression of hoarseness, roughness, or dryness; the "rude inspiration," of some authors. This depends principally upon compression of the minute bronchial tubes by tuberculous deposit, thereby causing an undue vibration in the passage of the air to the terminal cells; it arises partly, also, from a thickened state of the tubes themselves.

The occasional abrupt or jerking rhythm of the respiratory murmurs depends in part upon the same cause, and partly, also, according to Barth and Roger, upon the impediment to the free expansion of the lung, in consequence of inter-current pleuritic adhesions. This want of continuity in the act of respiration I have hitherto only met with below the clavicles. Dr. Walshe, in his valuable little work on *Physical Diagnosis*, just published, states that he has detected this phenomenon, at the lower parts of lungs, whose summits and upper parts presented the signs of cavities. Jerking respiration is commonly confined to the murmur of inspiration; I have, however, in a few instances found it of a double and treble character, accompanying the expiratory sound; the inspiratory murmur, with the exception of being harsh and dry, remaining unaffected. Abrupt respiration, especially when accompanied by dulness on percussion, and flattening or insufficient expansion of the infra-clavicular region, becomes a valuable sign of incipient tubercle.

The murmur of expiration is liable to marked alteration in the earlier stages of phthisis pulmonalis, and when present is likewise a valuable indicative sign of the existence of the disease. This murmur, which, in the healthy lung, is nearly audible (although not completely so, as stated by some), is now greatly increased both in duration and intensity. Placing with M. Fournet the ideal standard of natural respiration at 2, it may become prolonged to 20, which this author fixes as the maximum; at the same time it passes through the different gradations of quality and intensity, to the extent in some instances of entirely masking the preceding murmur of inspiration.

Independently of the changes to which the natural respiratory sounds are liable, auscultation frequently reveals other phenomena, which, especially when co-existing with those above detailed, prove of invaluable import in the early diagnosis of this insidious disease.

Under this head are included the various rhonchi audible in the different stages of the malady: for our present purpose it will suffice to

notice those only which obtain at the very commencement of the affection.

These sounds may be divided into the dry and moist ; the former being almost exclusively confined to the incipient stage alone of pulmonary phthisis.

Of the dry sounds are the sensation of crackling, crumpling, &c., communicated to the ear during inspiration ; these, when very marked, not unfrequently appear to blend the sounds of inspiration and those of expiration in one continuous soft rustle. I have succeeded in very closely imitating this sound by loosely enclosing a small piece of tissue paper in a large silk pocket-handkerchief ; this, when gently grasped and held near the ear, at the same time using alternate compression and relaxation, yields an indistinct crumpling sound, very similar to the one in question. The mechanism of the production of this sound is somewhat obscure ; as, however, it has been heard only in the first stage of tubercles, its import as a diagnostic auxiliary is very valuable. M. Fournet states that he was enabled to detect the dry crumpling sound in the wards of La Charité, in the proportion of about one case to eight of incipient phthisis. My own experience hitherto is in favor of a smaller ratio than the above.

Another sound, which I have heard more frequently, and which appears to be a mere modification of the crumpling, is an occasional plaintive whining note, audible during inspiration only, and principally at the termination of that act. This latter sound occurs only at intervals, and in general requires a forced inspiration for its development.

The only other abnormal phenomenon whose pathological signification, when confined to the apices of the lungs, is strongly indicative of commencing phthisis, is the pulmonary crackling, or moist sounds above alluded to. This consists of a succession of minute cracklings, audible only during inspiration. In its commencement, it possesses the character of dryness, differing but little from the crumpling sound already described ; as the disease advances, the dry crackling gradually becomes moist, and is then indicative of tuberculous softening. M. Fournet, who considers the dry crackling as distinct from the sound of crumpling, states that he recognized it in eight out of ten cases of incipient tubercular affection.

Such are the various rhonchi occasionally audible during the early stage of pulmonary consumption ; and great as unquestionably is their diagnostic import, when present, still we must carefully avoid inferring from their absence (other indications obtaining) the non-existence of the disease. The only remaining physical signs revealed by auscultation are an increased resonance of the voice and cough, amounting even to modified bronchophony ; together with an unusual distinctness of the sounds of the heart below the clavicle ; that viscus and the great vessels being at the same time in a healthy condition. These phenomena depend upon a condensation of the upper part of the lung, either by clusters of tubercles, by tubercular infiltration, by hepatization, or by the three states combined, the two last being hardly distinguishable.

*Percussion.*—As already stated, the results afforded by this mode of investigation are not so early applicable to the diagnosis of the signs of



incipient phthisis as the alterations in the character of the respiratory murmur; these latter frequently presenting, in conjunction with general symptoms, prior to the existence of any marked difference in the comparative resonance of the chest. When percussion, however, yields a dull sound, it may then, perhaps, *ceteris paribus*, be esteemed a more valuable indication of the disease than any of the foregoing signs, demonstrating as it does the positive deposition of tuberculous matter.

The amount of dullness, as elicited by careful percussion, varies greatly; in some cases a merely increased resistance to the finger is alone appreciable, while, in others, the sound resembles that obtained on percussing the thigh.

In conducting the examination, a few general rules may be advantageously borne in mind.

The position of the patient, as during auscultation, must be unconstrained, the arms being placed exactly in the same position; as the bulging out of the chest, or irregular contraction of the pectoral muscle, might materially modify the sound, and thereby lead to error; the chest, if possible, should be uncovered, or, if covered, the same thickness of linen should be maintained, carefully avoiding folds. Mediate percussion is preferable to immediate; while a light, smart tap, frequently repeated, yields a much more delicate and accurate result than a heavy stroke. I have invariably found the index finger of the left hand the best pleximeter, and a clearer sound obtained by striking its palmar than its dorsal aspect; the depression immediately below the clavicles yields a more accurate result than by tapping the bone itself; in doubtful cases all the regions of the class should undergo a careful examination, as well by percussion as by auscultation; the great practical rule, however, to be followed, is to *immediately* compare the resulting sound with that elicited from a *precisely* corresponding situation on the opposite side, striking with the same firmness, and *perpendicularly* upon the finger.

The minute shades of difference in sound may sometimes be rendered more apparent by tapping the chest during forced inspiration and forced expiration, as by these means tuberculous deposit may, in some cases, be discovered, even if overlapped by a portion of healthy or emphysematous lung.

In conducting the physical examination of incipient phthisis, the stethoscopist, however conversant with auscultatory phenomena, must never lose sight of the all-important principle of comparison. For example, feebleness of respiration we have seen to be a sign of commencing tuberculous deposit. True: but it is a sign also of pulmonary emphysema, bronchitis, and pleurisy with effusion; besides which, it is caused by pleurodynia, stricture of the larynx, partial obstruction of the bronchial tubes, or compression of these tubes by enlarged glands, tumors, &c.; and lastly, the entire lungs may sometimes exhibit a naturally feeble murmur, without concomitant disease. How, then, are we to test the value of this sign as an indication of incipient phthisis? By careful comparison, not only with the corresponding sounds of the opposite side, but with those in the different regions of the same side; by investigating the other physical signs which

may obtain, particularly the changes in inspiration and expiration; by percussion; and also by recollecting that phthisis almost invariably commences in, and is at first confined to, the apices of the lungs; and of these, in general, the one is affected in a greater degree, or advances more rapidly, than the other.

The same principle of comparison holds good in the differential signification of many of the other signs of incipient phthisis, and, as such, claims throughout the examination the fullest importance, as being the only mode of avoiding error, and also of arriving at a correct diagnosis.

*Recapitulation.*—Having now examined in detail the various physical signs which obtain in the earliest stages of phthisis pulmonalis, it may be advantageous, prior to considering the treatment, briefly to recapitulate these phenomena, in the order in which they already stand. We have, then:—

1. Alterations in the form of the two sides of the chest, amounting, in some cases, to complete sinking in of the supra and infra clavicular spaces.

2. Insufficient expansion in the upper parts of the corresponding sides of the chest.

3. Decreased vocal and tussive fremitus, as felt below the clavicles.

4. Comparative diminution of the duration and intensity of the inspiratory murmur.

5. Augmentation of the intensity and duration of the expiratory sound.

6. Alterations in the character and quality of both murmurs, becoming rough, harsh, dry, &c.

7. The various rhonchi; the crackling or crumpling sound, dry at first, becoming afterwards moist; the plaintive, whining or cooing note; and other occasional abnormal sounds, all indicative of the commencement of the disease.

8. Increased resonance, both of voice and cough, becoming more or less bronchophonic.

9. Undue transmission of the sounds of the heart through the tuberculated part of the lung.

10. Comparative dullness on percussion, with alterations in the quality of the sound elicited.

It will seldom occur, indeed it is scarcely possible, for all the above signs to exist at the same time in any one case of incipient consumption, although we are not unfrequently enabled to detect their successive appearance as the disease advances. The greater number that can be combined in any particular case, the more marked their character, and especially if conjoined with general symptoms, the more accurate will our conclusion be, and the more decidedly may we pronounce on the positive existence of the disease.

[To be continued.]



## RARE CASE OF FILAMENTOUS OR ENTOZOOON WORMS.

By Jonathan Green, M.D.

IN the London Lancet for the 13th of May, a correspondent, who signs himself a "Constant Subscriber," solicits a reply to the following question:—"Is there a disease of the skin where living animals, or insects, are turned out?"

I would refer the inquirer to almost any of the works of generally accepted authorities on diseases of the skin, wherein he will find many of them that take their names from the very circumstance of the presence of organized living animalculæ, generated from larvæ deposited in the true skin and its tissues. The *æstrus*, for instance, so common in cattle and sheep, and which are recorded to inhabit the human body, by persons to whom every credence is due. The *gordius*, or guinea worm, is another instance. Some mostly exist on the epidermis, but, nevertheless, penetrate its tissues and substance, as the *pulex* penetrans, the jigger of hot climates, the *acarus scabiei*, &c. I will only allude to the numerous parasitic animalculæ so commonly attendant on various diseases of the surface, where the integrity of the skin is broken, where the health is broken down, and often from want of mere cleanliness.

I would now briefly relate a case, amply confirming that living animals do infest the human body; it is the only case of the kind I have ever seen, but it will, perhaps, be sufficient to satisfy your correspondent.

Nearly five years since a lady came to take the sulphur-fumigating baths in Great Marlborough street. Having taken a sulphur fumigation, in the evening the female bath-attendant told me she had that day had a very queer case; that the lady thus spoken of, on coming out of the bath, was covered with hundreds of small worms, some nearly an inch long, which had continually kept jumping out of the skin whilst the lady was dressing. Although, from the respectability of the attendant, I ought to have placed more confidence in what she said, I hastily told her not to tell me such nonsense. The next day the lady had another fumigating bath, and a similar report was made to me, but more exaggerated in detail than the first report, and to which I again paid little attention. The lady had a third fumigation—the same effect was produced, and again reported to me. After taking the fourth fumigation, the lady, hearing of my unbelief, requested my attendance in the dressing-room, to witness the fact. I then saw hundreds upon hundreds of these worms escaping from the skin of the legs, arms, and body; the carpet where she had stood whilst dressing was covered with them. They kept jerking themselves from the skin—a sort of jumping—and they had the power of ejecting themselves to the distance of twelve to twenty inches, as nearly as I could guess. With a towel I wiped some of the parts myself, where I saw these worms projecting from the skin; some of them extended more than half an inch from the surface, and these, when approached by the towel or finger, ejected themselves out with considerable force; others, not more out than about a quarter of an inch, were broken off by the towel, wiping, and those that were only out about the eighth of an inch would retract them-

selves for a few seconds, and then again show themselves ready for, and in progress of, escape. On putting the towel on the table I was astonished to see it covered with these animals, that dropped from the folds of the napkin. They were, for the most part, about an inch in length, but there were others of various shorter lengths. They were pink in color, and transparent, with dark-brown heads, though the larger ones had the heads quite black; these appearances were amply distinct without a glass. In thickness they were about the size of a strong hair or bristle. During the few succeeding days I had an opportunity of showing some hundreds that I had collected to several medical friends that called on me. I have some dozens by me still, of course much shrivelled, and looking like short black hairs. I shall be happy to show them to your correspondent, or any other medical gentleman curious on the subject.

The lady had but few fumigations, and I suppose got well. I never knew who she was, or who sent her to take the fumigations. The nature of the case, perhaps, with her governed this cautious reserve. The only time I saw the patient was the time I have named. She said she had been teased with these worms for more than two years. They were continually falling on the carpets, occupying the coverlid and bed linen. She had consulted several of the leading practitioners of the west end, some of whom she named, but had received no relief from what had been prescribed for her; and she attributed her ailment from having fallen asleep in the summer, when lying on the ground, near some stagnant water, and on waking found her mouth almost filled with something very like small worms. A short time afterwards she found her body infested with them, and they had until the time I saw her been continually on the increase.

I am aware that such cases as here related are not familiar to the profession, and have nothing more to offer as to the cause or nature of these entozoon worms, but would refer the inquirer to the appendix of Rayer's valuable "Theoretical and Practical Treatise on Diseases of the Skin," but perhaps more particularly to those naturalists and entomologists who have made this subject a principle of inquiry, as Blainville, Etmuller, Bas-signot, &c. My object in this paper was merely to state the few facts I am in possession of, and which I myself witnessed.—*London Lancet*.

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#### LUNATIC ASYLUMS.

No department of the practice of physic can boast so great a progress within the last few years as the treatment of insanity; and it is with a particular pleasure, therefore, that we ever and anon comment on the reports of our great lunatic asylums, as they issue from the press. It is true that, as far as regards the medical part of the treatment, the improvement consists rather in the abolition of the false than in the establishment of the true. The stated bleedings and vomitings of the last generation have disappeared, like the scourgings and the hellebore of earlier times, and have left no fixed practice to succeed them. The physician prescribes for the symptoms as they arise, he gives cathartics to the constipated, and morphia



to the restless, but there is no longer any specific for madness. Neither the Anticyra of the ancients, nor "the dark house and whip" of Shakespeare's age, will cure the disease; what *will*, is a problem yet to be solved. But it is some satisfaction, at any rate, to find, in Thomas Carlyle's language, that old false formulas are trampled into destruction; the ground which they occupied, though now bare and desolate, may yet serve as a foundation for truth.)

In the mechanical and moral treatment more has been effected. For, besides the abolition of chains and strait-waistcoats, which may be considered as merely negative improvements, abstaining from bad rather than introducing of good—farm-work and manual trades, books, music, and various games, form part of the system in well-regulated mad-houses.

Perhaps some fortunate reasoner may succeed in curing the erring mind by a direct method, correcting the hallucinations of one sense by the evidence of the rest; till this happy era arrives, the physician must content himself with an indirect one. The mind of the lunatic must be withdrawn from its favorite contemplations by the allurements of other and safer objects. An asylum may be advantageously turned into a school, where the inmates are withheld from the airy nothings of their imagination; and as they advance in arithmetic, geometry, or languages, they will forget the sprites who tormented them in their ignorance. In the last annual report of the Glasgow Asylum (from which we gave an extract a few weeks ago) it appears that printing has been lately added to the previous employments of the patients. The first product of this press was a periodical, which went on vigorously for ten weeks, when it dropped, from the discharge of some of its contributors. Since then the press has been busied with other matters; and Dr. Hutcheson, the reporter, anticipates that it will not lack occupation for the remainder of the year.

The boldest proposition which he makes, and in which it is difficult, or rather impossible, to agree with him, is, that every one laboring under hallucination must be locked up, whether mischievous or not.

"When an individual imagines himself to be a supernatural being, to be favored with divine revelations, to be commissioned to redress grievances, to have suffered or to be threatened with injury, to be conspired against, or to be poisoned, he is *dangerous to the lieges*; and, however calm he may seem, however sane he may appear to be on other subjects, however careful and prudent, however acute he may be in business, or skilful in the exercise of his profession, he ought not to be suffered to remain at large, but ought instantly to be placed under treatment and control."

This is a sweeping clause indeed! "If we shut up every woman who changes her mind every minute," says Dr. Smith, in the novel of "Discipline," "who is to make our shirts and puddings?" And if we desire to shut up all who are included in Dr. Hutcheson's comprehensive schedule, who will build asylums enough? Not the men of Glasgow, assuredly; for they are too tardy in subscribing for a single one. Whole classes of religionists, if we mistake not, imagine themselves favored with revelations,

and would demand towns metamorphosed into asylums for their reception. Authors against whom Paternoster-Row conspires, and householders constantly ill treated by their ungrateful servants, might swell the crowd, and embarrass the mad-doctors with a superfluity of employment.

The fact is, that Dr. Hutcheson has got into this scrape from an unwillingness to concede that monomaniacs are amenable to the criminal law. If we once allow that the distemperature of Macnaughten's mind, for example, rendered him an irresponsible being, and made a cell in Bethlem his extreme punishment, it will be necessary to shut up these possible criminals by the thousand. But if we admit this dangerous plea in those cases alone where the maniac is so mad that he cannot see the link between murder and the gibbet, these quiet lunatics will remain at large, and society will be satisfied to trust to the law for security. Monomaniacs, in short, will yield to social discipline, backed by Newgate and the gallows, just as they submit to asylum discipline, backed by the belt, the gloves, or a dark cell. But still some portion of danger will be left? No doubt of it. Neither law nor custom authorizes us to guard against every possibility of danger; it is urgent and immediate danger alone which would justify us in imprisoning a myriad of eccentric fellow subjects. But the juries must do their duty. It was said by Burke that trial by jury was the soul of our constitution, and that the object of all law and government was to bring twelve honest men into a jury-box—on the supposition, however, we would add, that the twelve honest men aim at the real, and despise the fantastic. Not a week has elapsed since a jury acquitted the mischievous lad who snapped a pistol at the clergyman officiating in St. Paul's. The alleged motive of the culprit was his indignation at hearing a usurper prayed for instead of James Stuart; so that he would seem not to have been in possession of his senses, and according to different theories, might have been a fit tenant for Newgate or Bethlem. The former would have been the better alternative for society; but even the latter would have been far preferable to the total impunity which the prisoner enjoyed by a simple verdict of acquittal.

The influence of hereditary predisposition in producing madness is evidently considerable; and is proved not only by common observation, but by the records of lunatic asylums. But what is the influence of marriages between relations, without hereditary predisposition? The general belief is, that they are likely to produce imbecility in the children; but whether this belief rests on a sufficient number of facts we know not. It is, at any rate, probable that repeated intermarriages between blood relations, or breeding in and in, as the graziers call it, will cause a speedy degeneracy of mind and body; and it is to be lamented that political considerations make this practice so general among the sovereign houses of Europe. It certainly is not the way to make kings *ablemen*, which, according to Mr. Carlyle, they are etymologically, and should be really. Of these repeated intermarriages Dr. Hutcheson goes so far as to say, that "imbecility or idiocy is the ordinary result; but positive madness is not an unfrequent occurrence."

He thinks that physical and moral education might be so managed as



to be a powerful preventive of insanity; and no doubt he is in the right. But when he adds that this requires no sacrifice of the passions and prejudices of mankind, we believe that few will agree with him. We rather side with what he says farther on, that the task which he proposes is difficult in the extreme, but that the issue will reward the labor. Among the minor and more obvious duties of him who endeavors to give a sound mind to the children of parents who are nearly or quite insane, will be a judicious abstinence from over-instruction. For the first seven years of life, at least, the hours of study should be few and far between; and we would add, that when the years for real study have come on, the exact sciences should form a considerable portion of the child's education. In the records of an asylum where poets and artists abounded, Pinel could not find a single geometer.

Intemperance and want are frequent causes of insanity; and at Glasgow they are unfortunately both on the increase. Want produces despair, and despair seeks a temporary consolation in drinking. Religious terrors are another common source of madness; and the intrusionist question, half shared between religion and politics, has of late produced a good many cases at Glasgow.

In some cases the state of the patients admitted had been made worse by bleeding, which is still popularly supposed to be a prime remedy in mania; and a yet more frequent error is the abuse of drastics, low diet and tartar emetic.

This report, which is benevolent in its tone, and judicious in many of its suggestions, has confirmed us in the opinion which we offered some years since, that the more opulent inhabitants of Glasgow are so sluggish in their subscriptions, that to relieve the misery of its poor a rate should be levied on the town. The asylum now building cannot, it seems, be completed at present to contain 600 patients, but must be opened when ready to hold 350; though the sum required for the larger number would have been by no means enormous. The directors, indeed, boast of their economy, and contrast their expenditure with that incurred in building lunatic asylums in Ireland, where the cost has been greater, though the wages of labor are less.—*London Medical Gazette.*

#### CASE OF STRANGULATED INTESTINE, FROM ROTATION OF THE SIGMOID FLEXURE—WITH REMARKS.

By Jacob Bigelow, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THE Hon. Hugh S. Legare, Attorney-general of the United States, arrived in Boston on Friday, June 16th, and although fatigued by a hasty journey from Washington, was well enough to make calls on some friends in the evening. At 1 o'clock in the night he was seized with frequent abdominal pains, resembling those of colic, and called Dr. Thomas, of Washington, then lodging in the same hotel, to his assistance. During the remainder of the night, and the whole of the next day and night, he was

affected with pains alternating with intervals of ease, without constitutional disturbance, and agreeing in character with those of previous attacks to which he had been liable for more than two years, the last occurring in March preceding. Various laxatives and enemata were resorted to, together with counter-irritants, but without removal of the constipation and pain.

Early on Sunday morning I was called to meet Dr. Thomas at Mr. L.'s lodgings at the Tremont House. I found him then suffering frequent paroxysms of pain, which he referred mostly to the lower abdomen, without distinction of side, but which sometimes mounted above the umbilicus. The pulse was at this time 60, the skin natural, with no tenderness on deep pressure of the abdomen in any part, no meteorism, no nausea. Opiates and other remedies were proposed to him, but declined, on the ground that laxatives and mechanical means had relieved his former attacks. During the morning two doses of Epsom salt, with infusion of senna and tincture of hyoscyamus were given, with frequent enemata both aqueous and stimulating, without effect. The pains did not increase, but a troublesome degree of tenesmus made it necessary to suspend the enemata. Elastic tubes were passed throughout the rectum, and water injected through them in the manner recommended by Dr. O'Beirne, but they could not be carried into the sigmoid flexure. His strength meanwhile remained good and his general condition stationary.

At 6 P. M. he was removed without difficulty to the house of a friend, where he was immediately put into a warm bath of 106 deg., from which he expressed great relief and satisfaction. He was then put to bed, and 60 drops of laudanum were administered in two doses. In about an hour, the relief not being perfect, 40 drops of Munn's elixir of opium were given, soon after which he fell into a quiet sleep, and so remained for about 3 hours. Conditional directions were given for repeating the opiate, but it was not found necessary till near morning, when he took 20 drops of the elixir and slept an hour or two more. On Monday morning at 5 o'clock, I found him more comfortable than before, skin temperate, pulse 64, abdomen not tender but beginning to be tympanitic. Castor oil and senna, with hyoscyamus, were now given and retained, and enemata, fomentations and sinapisms were resumed as before. The pain did not return with the same severity as before, but meteorism rapidly increased, with restlessness and tenderness on pressure. At 9 A. M. the pulse was 80, and before 12 it was 100. The face of things having become very serious, Dr. Thomas being absent from the city, I requested farther consultation, and Dr. Warren was called in. The abdomen was freely leeches and rubbed with croton oil. Various ineffectual attempts were made to overcome the obstruction of the intestine by the introduction of various tubes, by inflation of the rectum with a bellows, and by the tobacco injection administered twice. Under this last remedy he said he felt excited, was stronger but more agitated, and his pulse rose from 130 to 140, with increased force. Each injection contained half a drachm in infusion, and was retained nearly half an hour without narcotism or prostration. During the night the patient was restless, retaining his muscular strength in a



considerable degree, and frequently getting up to the close stool in the belief of an approaching evacuation. There was never any vomiting nor nausea; the mind was clear, and the natural decisive tone of voice continued. He complained occasionally of a sense of burning at the epigastrium and upper abdomen. About half an hour before death he got up without assistance, and on lying down asked urgently for water. On receiving it, he pushed it away, saying it was filled with ants. A white paper was then shown him, to which he applied the same remark. On being told it was an illusion of sight, he put forth his hand for the glass, but missed it, said a few words incoherently, leaned back, and expired quietly at half past 5.

*Autopsy seven hours after death.*—Externally the limbs were very rigid, and there was much lividity about the head and back. The abdomen was greatly distended. On laying it open the cavity seemed nearly filled by the sigmoid flexure of the large intestine, which extended across the abdomen into the right hypochondrium, and was in a state of such distension, that its external circumference was in one place fifteen inches. It had a dusky green color, as if from commencing gangrene, but there seemed to be no softening, nor diminution of the natural polish. The two extremities of the flexure connected with the colon above, and rectum below, were felt to be twisted together about the mesentery as an axis, into a firm cord or neck, about an inch in diameter; and on being carefully untwisted, the whole included portion was found to have made four turns, or two entire revolutions upon itself. There was no line of demarcation between the healthy and strangulated portions, nor was there any appearance externally of old disease about this part. The small intestine and the colon were moderately distended, but the rectum was rather contracted. The cavity of the peritoneum contained a small quantity of turbid reddish fluid, and in one place there was recent lymph upon the small intestine, but there were no other appearances of inflammation. Owing to the state of the body and the place of examination, the intestine was not opened, and no farther dissection made.

*Remarks.*—Internal strangulation, we have reason to believe, is a fatal disease except in rare instances in which a spontaneous restoration of the parts may under favorable circumstances have taken place. But the resources of art are for the most part unavailing, from our ignorance at the time, of the nature and place of the lesion, and from the inaccessible situation of the part, unless by a dangerous operation, not to be justified under any diagnosis which can be seasonably made out. Among the various causes known to have occasioned strangulation, the rotation or twisting of the intestine is less common than some others. Yet in addition to the case which has now been described, two others have occurred in this city, under the observation of Drs. Homans and J. B. S. Jackson, the record of which I have seen, in which fatal strangulation occurred from the torsion or twisting of the sigmoid flexure.

Professor Rokitsansky, of Vienna, in a work on internal strangulations of the intestines, divides these lesions into three species. Of these, the second species consists in the rotation of one part round an axis most com-

monly formed by some other part. It appears to be the result of his experience that rotation round the mesentery as an axis can happen only to the small intestine.\* But it appears from the case above detailed, and the two others alluded to, that the large intestine is capable of undergoing this rotation, and from its anatomical position, no part seems more exposed to this change of situation than the sigmoid flexure.

From remarks made by Mr. Legare during his illness, it is believed that in some of his former attacks of colic and constipation, relief was obtained by the introduction of the elastic tube beyond the seat of the stricture. This happy result is to be ascribed to the spasmodic character of the obstruction then existing. But when the intestine is rendered impervious by mechanical strangulation, it is evident that an instrument would sooner perforate the coats of the canal, than admit of being forced through the closed and tortuous passage. In the present case, tubes, some of which were two feet in length, were introduced into the rectum, and water injected through them continually to facilitate their progress. But the more flexible tubes were bent into a coil in the rectum, and the more rigid ones were irresistibly stopped at the sigmoid flexure, and could not be further forced without danger of perforating the intestine, an accident well known to have followed injudicious and violent efforts.

*Boston, June 30, 1843.*

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#### AN ILLUSTRATION OF THE EFFECTS OF MUSCULAR EXERCISE.

[Communicated for the Boston Medical and Surgical Journal.]

THE benefit of muscular exercise is well known, but the *manner* in which the system is benefited can only be known by an illustration of the physiological phenomena. The whole illustration depends upon one simple, obvious fact. In bleeding at the arm, for instance, if the fingers and forearm are put in motion, the quantity of blood emitted from the orifice is instantly and sensibly increased. The amount of blood which flows through the veins by the addition of this motion of the muscles, is doubled or trebled in the same time. Every body knows the necessity of keeping a person still who is bleeding at the nose, the lungs, or in any other part of the body. I shall be sufficiently understood without going into a description of the circulation of the blood. When the whole body is in motion, the same proportional increase in the quantity of blood takes place in all the veins. Twice or three times the ordinary amount of blood is sent into the heart in the same time. The heart, compelled to receive the blood, propels it immediately into all the organs of the body, the lungs, the brain, the stomach, the liver, the bowels, &c. The organs being thus doubly fed by the agency of the muscles upon the bloodvessels, are actually increased in size, in the same manner as plants and trees are increased in size, by increasing the amount of nourishment which they imbibe.

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\* British and For. Med. Review, 111. 496, 498.



The great increase in the size of the muscles, especially in the size of the muscles of the forearm and legs in people who exercise constantly and laboriously, is known to every body. A corresponding increase in size takes place in all the other organs of the body.

In opening the body of a man brought up to labor, we may observe that it is not simply his muscles which are enlarged; his brain, his lungs, his heart, his stomach, his liver, bowels, bones, and every other part, are all of a size corresponding to the greater size of his muscles. Yes, the brain of the laboring man is as much larger and stronger than the brain of the inactive man, as his muscles are larger and stronger. The organs of his body have been more constantly and abundantly supplied with blood than the organs of the inactive man—premising that he has received an ample supply of food. The broad and ample chest of the active man only expresses the magnitude of the lungs and the heart which it contains; the broad back and well developed abdomen only show the ample size of the organs which they environ.

Exercise, by itself, has no tendency to increase the size of the body in general, or of the organs in particular. I should say its tendency was to diminish its size. Neither is it by mere jactitation or motion in itself considered, that the body is benefited. The main use of exercise consists in its agency in supplying the organs with a greater amount of blood. Blood is to the organs what food is to the stomach. It is their nourishment and strength. The constant cry of all the organs is for blood, more blood! Faintness and languor ensue in some one or in all the organs whenever this demand is not satisfied.

Exercise is often recommended for a want of action or torpor in the various organs of the body, and very justly. For instance, it is recommended for a torpor of the bowels; but mere motion can have no effect in awakening the peristaltic action of the bowels; it is only by the agency of exercise in forcing fresh supplies of blood into the coats of the intestines, thereby giving them new life and vigor, that the peristaltic motion is increased. People can never be made to take a proper degree of exercise until the necessity and the benefit of it are clearly demonstrated. This will constitute a sufficient and permanent motive. Laborious exercise will then even be valued and practised by the weak and fragile. Health, strength and happiness very much depend upon the agency of muscular exercise in the propulsion and distribution of the blood. It is well known that the right arm and hand, as well as the right leg and foot, are both larger and stronger than the left. This effect is the result of the greater exercise which the right arm and leg are subject to; that is, the muscles of that side meet with a more full and constant supply of blood, and are consequently enlarged and strengthened. The circulation of the blood will always require the agency of muscular exercise, for the health of the body and the full development of its organs. Neither the brain, the stomach nor the lungs can attain their full strength and size without it. Weakness and imbecility will lurk somewhere. D. B. SLACK.

*Providence, June 23d, 1843.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 JULY 5, 1843.
 

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*Physical Diagnosis of Diseases of the Lungs.\**—Such is the mortality in this country by diseases of the lungs, that there should be a decided expression of thankfulness towards those who write or publish any thing calculated to throw light where it is so much needed.

Notwithstanding the apparent efforts to make it appear that men and women are no more predisposed to diseases of the lungs, in the northern and eastern States, which produce death, than in the most favorable spot on earth, the fact is notorious that a great multitude of people die annually in these States of pulmonary consumption. And it is equally true that the internal administration of medicine has no permanent influence in arresting the progress of the disease. All treatises, therefore, of whatever name or kind, relating to these complaints, are naturally sought for with avidity.

Walter Hayle Walshe, M.D., the author of the duodecimo before us, is professor of pathological anatomy in University College, London, and physician to the hospital for consumption and diseases of the chest. The presumption, therefore, is that the experience of Dr. Walshe entitles him to speak with authority; and moreover, such is the value of his personal influence and reputation at home, that he is regarded with peculiar favor by the profession.

It is divided into three parts:—The first contains a general description of the methods of physical diagnosis, not materially different from that of all the modern writers. He dwells sufficiently on inspection, application of the hand, mensuration, percussion, auscultation and *succussion*. In Part II. he presents a table, exhibiting the physical causes and ordinary seat of the different physical signs, together with the names of the diseases in which they are observed. Part III. embraces a running commentary of one hundred and thirty-three pages, in which the professor makes an exhibition of all his strength, and proves himself to be a close observer, a judicious, thoughtful physician, who studies with intense application every indication of a deviation from health, so that no rhonchus escapes him, no twinge goes unnoticed, nor is any symptom allowed to pass away without being subjected to a rigid examination.

Such is the general character of Dr. Walshe's physical diagnosis of the diseases of the lungs.

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*Lithotripsy.*—Breaking a stone in the bladder by instruments, is called *lithotripsy*. In France it is practised more than in any other country, and with a degree of expertness that has encouraged many surgeons to hope that the fearful operation of lithotomy may yet be wholly abandoned. Dr. Alban Goldsmith, of New York, has become particularly distinguished for

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\* The Physical Diagnosis of Diseases of the Lungs. By W. H. Walshe, M.D., &c. Lea & Blanchard: Philadelphia, 1843.



his devotion to this kind of surgery. He says, "I believe that I can claim to have had as large an experience in stone, as any surgeon of my date. The bulk of all the operations for stone in the western country was divided between Dr. Dudley, of Lexington, and myself. I claim, too, as great success as any who has cut for stone in the country—but I always felt uncertain as to the result in the most favorable circumstances. Therefore, as soon as I heard of this operation of lithotripsy, I went to Paris to test its practicability by personal observation; since that time I have practised lithotripsy with gradually increasing success. I know that I could now manage many cases with ease, which, in the early part of my lithotriptic practice, I abandoned to lithotomy."

We have extracted the above quotation from the preface of a pamphlet recently published in New York, by Dr. Goldsmith. Those who are unacquainted with the claims of the author, will please to recollect that he was formerly a professor of surgery in the Medical College of Ohio, and more recently filled the chair of operative surgery at the College of Physicians and Surgeons in New York.

The pamphlet presents rather a condensed history of the surgery of the bladder, from the Egyptians to the present day. Reference is made to instruments proposed by Alsaharavius, in 1519, and to those used by Sanctorius, about 1626, but without making the subject half as interesting as it might have been. Finally, he exhibits engravings of M. Civiale's instruments—comments upon them, and shows how they differ from Le Roy's &c. Baron Heurteloupe's contrivance has the preference, and perhaps justly so, in the estimation of Dr. Goldsmith, whose opinion is obviously entitled to respect in such matters. Then follows a number of well marked cases, illustrative of the high value of the modern discovery, that obviates most happily, in certain cases, the necessity for one of the most formidable and perhaps terrible resources of art. From the results of the whole, he deduces these important facts.

"1st. That every person laboring under stone, can be cured without risk of life, provided they apply at an early stage of the disease; and in the case of young children, when they have not more than one stone.

"2d. That lithotripsy, as at present practised, does away, to a great extent, with a bloody, and in all cases dangerous operation.

"2d. That it gives but little pain, and does not interfere with the avocations of the patient."

Surely, this is altogether encouraging, and well calculated to gain the confidence of sufferers—while it shows the onward progress of art, in promoting individual comfort.

Very much more might have been made of the subject than Dr. Goldsmith has seen fit to write. It is not a good piece of English composition, as it abounds in repetitions, and we regret extremely that more care had not been bestowed upon it. On the other hand, by way of apology, it might be said that surgeons have no leisure for elegant sentences—if they are understood, that is all that is required of them in descriptive effort. But we shall not criticize very severely the manner, since the matter is alone essential in this instance, and is particularly worthy the examination of those afflicted with stone.

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*Diseases Peculiar to Women.*—Samuel Ashwell, M.D., obstetric physician and lecturer to Guy's Hospital, London, is the author of a well writ-

ten treatise on the above subject, so clearly practical in its character, that it seems to leave no point, essential to be known, in an unfinished condition.—This volume belongs to the series of books called the *Library of Practical Medicine, published by order of the Mass. Med. Society, for the use of its fellows*, of which this is the thirteenth consecutive volume.

But the principal motive for speaking of the book is to direct attention to its beautiful typography, which is highly creditable to the taste and judgment of the printer, Mr. T. R. Marvin, of this city. One of the best recommendations of the Mass. Med. Library is that their books are well printed. The antiquity of the matter, or the manner in which most if not the whole thirteen volumes have been anticipated by enterprising publishers, has nothing to do with these remarks. It reflects credit upon the committee of publication that they have employed a man who gives the fellows perfect satisfaction in the mechanical execution of his work for the Society.

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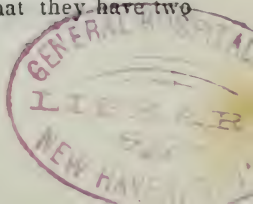
*Laporte University*.—Once before, the fact of the existence of this new school of medicine has been noticed. But where is Laporte? is a common question. It is in Laporte county, in the State of Indiana. The next new one will probably be on the west side of the Rocky Mountains—and perhaps at the mouth of Columbia river. It was formerly said, that a town at the west was made up of a tavern, a school house, and a blacksmith's shop. By and by it will be added, *and a medical institution*. However, this Laporte University has a fair reputation, and is constantly gaining upon the respect of the people. In the medical department, last season, there were twenty-seven students, of whom two were graduated. This was doing well for the first year after its organization. William J. Holcombe, M. D., late of Lynchburg, Virg., long distinguished in his profession, has accepted the chair of Physiology and Pathology.

The location is in a pleasant village, twelve miles from Lake Michigan, and immediately on the great thoroughfare, leading from the East to the farther West,—accessible by the lakes or stages. The cost of the whole course of lectures is \$78. Graduation fee, \$20. Good board, including lodging, fuel, room and light, can be had at \$1.50 to \$2 per week. Surely, learning is made easy in the United States,—especially the learning of the three leading professions of law, physic and divinity; and since knowledge is power, and all men court it, the Laporte University opens a door for entrance at a rate as reasonable as either necessity or avarice could expect in a civilized country.

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*Extraordinary Dwarf*.—For some weeks past, there has been on exhibition at Mr. Kimball's Museum, in this city, a dwarf so small, so pert, so active and intelligent, that we are unwilling to let the occasion pass without making a permanent record of some parts of his history, which may perhaps be physiologically important to some future medical writer.

The name of this little miniature man, is Charles Stratton,—though universally cognominated Gen. Tom Thumb. We were informed that he was born in Lancashire, England, on the 4th of January, 1832,—weighing at birth, 9 lbs. and 2 oz. Since he was six months old, he is said not to have grown. He is now but 22 inches tall. Our informant asserts that the parents of this boy are of the usual size, and that they have two





more children, both girls, fully grown up, of common proportions. Charles is perfectly formed, very athletic, in perfect health and spirits. In sleeping and eating, he has full enjoyment.

These are all the facts we have been able to obtain. Perhaps they are sufficiently minute. He appears now as fully developed in body as he ever will be. In mind, he is a child, where it is presumed he is destined to remain.—Of all the dwarfs we have examined, this excels the whole in *littleness*. We gaze upon his little body, dressed out in the extreme fashion of the day, with indefinite sensations, not easily described, since they are neither precisely painful nor pleasurable, but partake of that class of mixed emotions which are felt, but which language has not been able to explain.

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*Sir Astley Cooper's Practice.*—"You know," said Sir Astley, "when a man writes a cheque, he can hardly make it for less than five guineas." By and by he became accustomed to munificent fees. One ancient merchant, Mr. Hyatt, when pronounced all right again, tossed his night-cap to the surgeon, who, bowing politely, put it in his pocket, and on entering his chariot found pinned inside a bank-note for £1,000. Others regularly paid him liberal annuities. A Mr. Coles, of Mincing Lane, for a long course of time gave him £600 every Christmas. Astley Cooper made more money than any surgeon that ever lived before him. In one year, 1815, his professional income amounted to upwards of *twenty-one thousand pounds*. Throughout the whole thoroughly active period of his life, he was in his dissecting room, winter and summer, by six o'clock at the latest; by 8 he was dressed for the day and at the service of gratuitous patients, who occupied him till half past nine. His breakfast with his family occupied but a few gay minutes; and by 10 his waiting rooms were occupied by patients, who continued to stream in by the dozen until one o'clock. Sometimes the people in the hall and anteroom were so numerous that he dreaded the ordeal of explaining the necessity for his departure. He was in the habit under such circumstances, of escaping through the back yard into his stables, and so into the passage by the side of Bishopsgate Church. He would then run round past his carriage, which was standing at the front door, into Wormwood Street, to which place he would be immediately followed by his coachman, who well understood the *ruse*. He was in a few minutes at Guy's, where a hundred pupils were waiting on the steps. They followed him into the wards of the hospital, and from bed to bed, until the clock struck two—then rushed across the street to the anatomical theatre and the lecture began. At three he went to the dissecting-room, and observation, direction and instruction kept him busy here for half an hour. Then he got into his carriage, attended by a dresser, and his horses were hard at work until 7 or 7½ o'clock. His family were assembled, dinner was instantly on the table, and he sat down apparently fresh in spirit, with his attention quite at the command of the circle. He ate largely, but cared not what—after twelve hours of such exertion, he, as he said, "could digest any thing but sawdust." During dinner he drank two or three tumblers of water and afterwards two glasses of port—no more.

He then threw himself back in his chair and slept. He seldom required to be roused, but awoke exactly as the allotted *ten minutes* expired, started up, gave a parting smile to every body in the room, and in a few seconds

was again on his way to the hospital. There was a lecture during every other evening of the season; on the odd nights, however, the carriage was generally at his door by eight, and he continued his rounds of visits till midnight, often till one or two in the morning. His carriage was well lighted; and by night as well as day, in passing from one house to another, his attendants were writing to his dictation, the chronicle of each case kept pace with the symptoms. When called into the country he usually said to the post-boy, "I give three pence a mile for bad driving, four pence for good, but six pence if you drive like the devil." Such for full fifteen years was the existence of the great surgeon of Broad Street, St. Mary Axe.

*Harmony in the Medical Profession.*—Our present pursuits afford us considerable insight into the state of the profession, and reveal, among other things, the social concord and discord of its members, in the same town or neighborhood. We are happy to say, that, with few exceptions, we have found our brethren, in this quarter, rather more harmonious than we have ever seen them in any other part of the Union. This does not arise from boyhood associations, in a common native land, for the communities of Mississippi and Alabama are really new; and their physicians are emigrants from several States, chiefly Georgia, the Carolinas, Virginia, Tennessee and Kentucky. It therefore speaks well of them as men. Nor is it the fear of being challenged, keeping them in formal courtesy; for duelling is almost unknown and unthought of among them. On the contrary, we are disposed to ascribe much of it to an influence which equally condemns discord and duelling—that of christianity, under which we have found a great number of the most respectable and influential physicians. It is delightful to contrast this with the infidelity, intemperance and profanity which prevailed thirty years ago. *Esto perpetua.*—*Dr. Drake's Travelling Editorials, in Western Journal of Medicine and Surgery.*

*Death of Dr. Chandler Smith, of Worcester.*—Dr. Smith, formerly of Princeton, but for some years past of Worcester, died at the latter place on the 28th ult., aged 40. A correspondent states that "his health had been bad for many months. He was attacked about four weeks ago with inflammation of one of the testes, which after much pain suppurated. He was supposed to be doing well, when an attack of influenza, in his debilitated state, reduced him to a dangerous condition, and death relieved his sufferings on the fifth day of the attack. Dr. Smith was a worthy man, beloved by a wide circle of friends, and esteemed as a good physician."

*MARRIED.*—In Hartford, Ct., Dr. P. M. Hastings, of Clinton, N. Y., to Miss Jane Sheldon.—In Strafford, Vt., Ephraim Carpenter, M.D., of Troy, N. Y., to Miss Edna Morrill.—At Fairfield, Fauquier county, Va., Dr. Richard Cary Ambler, of Richmond, to Miss Susan Marshall.

*DIED.*—In Hartford, Ct., William R. Boardman, M.D., aged 24.—In New York, Dr. Alexander McKenzie, 48.—In Greece, N. Y., Dr. Solomon B. Findley, 54.

Number of deaths in Boston, for the week ending July 1, 37.—Males, 19—Females, 18. Stillborn, 5.

Of consumption, 4—inflammation of the bowels, 1—neuralgia, 1—marasmus, 1—debility, 1—phthisis, 1—intemperance, 2—smallpox, 1—influenza, 6—spine complaint, 1—lung fever, 1—convulsions, 1—dropsy in the heart, 1—old age, 1—scrofula, 1—hooping cough, 2—child-bed, 1—croup, 2—dropsy, 1—hemorrhage, 1—paralytic, 1—typhus fever, 1—sudden, 1—spasms, 1—dropsy on the brain, 1.

Under 5 years, 8—between 5 and 20 years, 4—between 20 and 60 years, 20—over 60 years, 5.



*Chemical Discoveries.*—MM. Danger and Flandin have lately deposited a sealed packet with the Academy of Sciences in Paris, in order to insure their claim to priority as respects its contents. It will not be opened until some further researches by those chemists have been made on the mode of detecting poisoning by copper or lead. Neither of these metals exists in the viscera in their normal condition, but it is said that an examination of one ounce weight of a viscus after death is competent to determine if any have been taken during life. Hydrated persulphuret of iron is proved to be at the same time one of the best antidotes to the poisonous effects of arsenic, copper, lead, and corrosive sublimate.—*London Lancet.*

*Prison Diet.*—Sir James Graham has addressed a letter to the magistracy of the country on the subject of *prison diet*, in which he states that that quantity of food must in all cases be given to prisoners which is sufficient to maintain health and strength; the diet on no account to be made an instrument of punishment. The necessity for such a direction forms a melancholy comment on the humanity of the body of persons to whom it is addressed. Much ignorance prevails generally on the subject of sufficient and suitable diet. The diet-scale of the British navy may be taken, as affording a specimen of the first class of diet for men, to insure health by its quantity and quality. It consists of from thirty-one to thirty-five and a half ounces of dry, nutritious matter, daily. Of this, twenty-six ounces are vegetable; the rest is animal food, consisting of nine ounces of salt meat, or four ounces and a half of fresh; sugar and cocoa, in fluid, are given besides. British troops, on their voyage to the East Indies, are victualled thus:—Their diet is the same essentially with that of the seamen navigating the vessel, but as there is not the same necessity for exertion in the soldier on board, it is diminished to twenty-three ounces and a half of dry vegetable matter, and eight ounces of animal, per day, or about one-tenth less than that supplied to the seamen. The health of the troops is almost always good on landing. The circumstances which occurred at the Milbank Penitentiary, in 1823, are now held up as a warning against the reduction of diet-scales. The allowance to the prisoners was formerly from thirty-one to thirty-three ounces of dry nutriment daily, and the prison was then considered healthy; but in 1822 it was reduced to twenty-one ounces. The health of the prisoners continued unbroken for *nearly six months*, but scurvy then showed itself unequivocally in 52 per cent. of the prisoners. Surgeons should communicate important facts like these to the visiting magistrates of the jails.—*Ib.*

*Injection of the Joints.*—M. Bonnet has, since 1841, adopted the practice of puncturing, and injecting solutions of iodine into joints in which dropsy or abscess exists. He recommends for use a solution composed of iodide of potassium, two drachms, and pure iodine one drachm, dissolved in one ounce of water, which is about the quantity that may usually be injected into a joint suffering from hydrarthrosis, an equivalent quantity of fluid being first drawn off by a canulated trocar. Acute and painful inflammatory symptoms in the joint usually resulted at first in the cases of dydrarthrosis thus treated by M. Bonnet, but all these symptoms are said to have disappeared after two or three days, and were followed by a speedy cure.—*Gaz. des Hopitaux.*

T H E

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ON THE NATURE, DIAGNOSIS AND TREATMENT OF INCIPIENT  
PHTHISIS.

[Continued from page 433.]

**TREATMENT.**—Recent pathological investigations tend to prove that phthisis is not so invariably fatal as is generally supposed; “that it is not, like cancer, a disease of itself incurable, but that its extreme danger chiefly depends on the ordinary seat, extension and relapses of the malady.” Such are the conclusions arrived at by M. Boudet, and recently communicated by him to the Academy of Sciences at Paris. This author’s investigations lead him to believe that recovery is possible at any period of pulmonary consumption; but that nature, independently of remedies, works the entire cure. That such will be the case in the occasional terminations of the advanced stages, I am ready to admit; but that in the commencement of the deposit, very much towards a cure, or at least a suspension of the disease, may often be effected by treatment, I am fully prepared to affirm; and, as such, shall now consider the remedies which have, from time to time, proved decidedly beneficial, dwelling especially on those which my own experience has found of most value.

*Bloodletting.*—Among the various remedial measures had recourse to in the treatment of incipient phthisis pulmonalis, perhaps none has canvassed the opinions of the profession more than bleeding. Among its advocates are included many authors of the last as well as the present century, some of whom, acting under the impression of various preconceived theories, carried the practice to a very great extent. Like many other remedies, however, which have been proposed in this affection, the abuse rather than the adoption of depletion has, from the earliest period, given rise to the most conflicting opinions.

Viewing phthisis not as inflammatory in itself, but as peculiarly liable to excite that condition in the surrounding tissues, I am disposed to limit the use of general bloodletting (and then only in small quantity and seldom repeated) to such cases as clearly indicate signs of plethora, pulmonary congestion, inflammation, or hæmorrhage.

Laennec, speaking of bleeding in phthisis, says—“It ought never to be employed except to remove inflammation, or active determination of blood,



with which the disease may be complicated ; beyond this, its operation can only tend to a useless loss of strength." In a note by Dr. Forbes (to whom the profession is much indebted for first pointing out the importance of investigating the earliest changes in the respiration in phthisis, with a view to treatment) we read : " I have seen bloodletting much employed, and have myself used it much in this disease. I have seen great benefit derived from it, but chiefly in relieving the inflammatory complications of phthisis. With our present knowledge of its pathology, it can hardly be expected to benefit the tuberculous affection, and my experience leads me to condemn its use in every case of pure phthisis."

Having, however, subdued pulmonary congestion, &c., by small, general bloodlettings, the adoption of local depletion, by leeches or cupping, ought then to be substituted, especially in those cases in which co-existing bronchitis, hæmoptysis, or pneumonic consolidation, resulting from tuberculous deposit, still remain. At this period I strongly advise the application of six or eight leeches below one or both clavicles, or the withdrawal of four or five ounces of blood from between the scapulæ, by cupping. The former method is preferable, and should be repeated according to the exigency of the case, once a week or fortnight. This practice, by unloading the apices of the lungs, I have found to afford marked and permanent relief in the majority of cases, more especially by removing the sensation of tightness, pain and general uneasiness, often so distressingly felt at the upper part of the chest.

It is in those cases of incipient phthisis accompanied by hæmoptysis, or complicated with bronchitis, that small, general, or repeated local depletions so frequently prove of such decided benefit ; in the purely chronic form even topical bleeding is less called for, save to remove accidental complications.

*Counter-irritation.*—Many have been the forms proposed, and great has been the testimony in favor of the adoption of this important remedy ; important both as a palliative and also as a frequent preventive against the farther extension of the tuberculous deposit.

The use of counter-irritation in the treatment of phthisis appears to claim considerable antiquity. Both Celsus and Galen, whose attention, however, was only directed to the advanced stages of the malady, recommended the free application of revulsive plasters, and even the actual canter, to the chests of their patients in this disease.

From a tolerably extended observation and experience of the comparative amount of benefit derived from the use of different counter-irritants, I am disposed to place the greatest reliance on the timely application of blisters, and the use of a liniment of turpentine and acetic acid. If, however, much febrile excitement attend the disease, it will be advisable, in all cases, to postpone the application of blisters until after its removal by appropriate, general or local depletory measures ; otherwise they not unfrequently increase the evil they are intended to remove.

Small blisters, about an inch and a half in width, placed below the entire length of the clavicles, operate very favorably. Should, however, dyspnœa prove urgent, a large blister over the sternum seldom fails in

affording marked relief. With a view to excite and keep up a moderate degree of counter-irritation, and, at the same time, to render the skin less easily affected by atmospheric changes and external impressions, I have hitherto found no application so useful and so manageable as a liniment of turpentine and acetic acid, first proposed by Dr. Stokes, and since advocated by Dr. Hughes. The latter author adopts a formula, which, for extemporaneous prescription, amply fulfils the intention: viz., one ounce of strong acetic acid and two ounces of the oil of turpentine, simply shaken together. I have, however, in a few cases of delicate skins, found it necessary to reduce the proportion of the acid.

The original formula employed by Dr. Stokes is the following. R. Olei terebinth.  $\bar{\text{z}}$  iij. ; acidi acet.,  $\bar{\text{z}}$  ss. ; vitelli ovi., j. ; aq. rosar,  $\bar{\text{z}}$  ijss. ; olei limon.  $\bar{\text{z}}$  j. M. Ft. linimentum.

After applying this remedy freely to the chest night and morning for a few days, patients have often expressed themselves in almost enthusiastic terms of the relief afforded. The various lotions containing vinegar, alcohol, ammonia, mustard, &c., from time to time recommended, are all much inferior to the above. Tartar emetic, either in the form of ointment or solution, proves a useful, though, in chronic cases, by no means so decidedly effectual a remedy as the turpentine and acetic acid liniment. Croton oil has been held in considerable repute, and certainly fulfils the intention, especially as an application to the larynx and trachea.

Issues, setons, moxas, and even the actual cautery, have severally found their advocates; of the latter, from their painful application, and the great irritation which they inevitably produce, no further mention is necessary. The insertion of setons or issues is to a certain extent open to similar objections; nevertheless, an issue introduced alternately in each arm, and allowed to heal, will be a prudent course, especially at the age of puberty, in all cases whenever from hereditary or acquired predisposition an attack of phthisis is apprehended.

*Emetics.*—Since the publication of Sir James Clark's valuable work on Consumption, the practice of treating incipient phthisis by frequently-repeated emetics has lately been revived, with a prospect, if persevered in, of beneficial results. The testimony of the numerous authors of the last century in favor of this measure, valuable as is their authority, must not be received without due limitation. The uncertain knowledge that then existed in detecting incipient phthisis, and the imperfect manner in which the pathology of mucous membrane and its secretions was at that time understood, renders it exceedingly probable that the majority of cases reported as relieved, or even cured, were not phthisis, but chronic bronchitis. One fact, however, is unquestionably proved, viz., that emetics may be administered for months, not only without injury, but with positive advantage; the appetite improving, the complexion becoming clear, and the patient gaining both flesh and strength under their continued use.

I have now had an opportunity of watching and treating very many well-marked cases of incipient phthisis, and the large amount of benefit which, in the great majority of instances, I have seen derived from a persevering use of emetics, makes me the more anxious to add the feeble



weight of my own testimony and experience to that of others, in favor of the adoption of this remedy, both as a palliative and curative measure, in the treatment of the commencement of this too frequent disease.

The visible effects of the emetic treatment are, in general, the great alleviation, and frequently the entire removal, of the cough and dyspnoea, together with the pain and oppressive uneasiness in the chest, so frequently complained of in this affection. The changes in the expectoration under the use of emetics are very various; in some it is increased, in others diminished, or altogether checked. The complexion clears, and the appetite, if previously defective, I have generally found to improve; at the same time the secretions flowing more freely, and the bowels acting with greater regularity. The physical signs of the disease also frequently undergo a corresponding and equally favorable change; the expiratory sound becoming less loud and of shorter duration; the rhonchi cease; and nothing frequently remains but a slight roughness, audible only on a deep inspiration. The emetic which I have found to answer best, causing vomiting to occur twice or thrice, has been twelve to fifteen grains of powdered ipecacuanha, taken in warm water an hour before breakfast, and repeated daily, or less frequently, according to the peculiar exigencies of the case. A wineglassful of cold camomile infusion, taken immediately after the vomiting has ceased, imparts tone to the stomach, and prevents the distressing nausea which sometimes succeeds its operation.

The *modus operandi* of this remedy is, I imagine, two-fold—partly local, by dislodging the recently-deposited tuberculous matter, and at the same time preventing its increase, and partly general, by giving a shock to the whole system, thereby improving the secretions, and restoring the due balance in the circulation.

In the selection of proper cases for the exhibition of emetics, some care and circumspection are necessary. If the tuberculous matter be deposited to a considerable extent, very little advantage can be expected from the use of emetics; indeed, the propriety of adopting them at this period becomes very questionable. The incipient stage alone is the period in which we clearly derive benefit from this practice; and, as a general rule, the more chronic the character of the malady, the more decidedly and sanguinely may we employ the remedy.

In those instances in which bronchitis or hæmoptysis co-exist, these should be first removed by appropriate treatment, and then the emetic plan may be safely adopted.

The existence of gastric irritation, as evinced by a dry, red, shining tongue, with prominent papillæ, thirst, a congested and swollen state of the fauces, and upper part of the pharynx, with or without epigastric tenderness, strongly contra-indicates the use of emetics.

The only objection of which I am aware, that has been advanced against this practice, is the opposition with which the remedy would be met by the patients themselves. Hitherto, I confess, I have found very little difficulty in ensuring its regular adoption, and am disposed to attribute the non-compliance of the patient more to the want of decision and firmness on the part of the physician in enforcing the measure, than

to the disagreeable nature of the remedy prescribed. One great recommendation of this practice is, that it need not, and indeed ought not, to interfere with any other treatment, which, according to the existing symptoms, may be considered most suitable to the peculiar condition of the case.

*Iodine.*—From the palpable effects which this substance exerts in the removal of enlarged glands, and scrofulous deposits in various parts of the body, which latter, in their intimate nature, do not apparently differ from tuberculous, and from the very favorable testimony of several authors, founded on extensive trials of the remedy, the use of iodine and its preparations, in the treatment of incipient phthisis, unquestionably lays claim to the fairest considerations. The operation of this medicine is very slow, but acting, as it does, on the hepatic, renal and uterine functions, the general health of the majority of patients rarely fails to improve under its use; and if the morbid deposit in the lungs be limited, the probability in many cases, of its absorption, is by no means chimerical.

The iodide of potassium, in doses of two or three grains three times a day, with a few grains of the sesquicarbonate of soda in any light infusion, is the form in which I have found the remedy to agree best. In leucophlegmatic habits, and where a more tonic effect is required, the iodide of iron may be advantageously substituted.

[To be continued.]

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#### A CASE OF PNEUMONIA PRODUCED BY ASPHYXIA.

By G. W. Bayless, M.D., Demonstrator of Anatomy in the Louisville Medical Institute.

On the 17th of October last, I was notified to attend an examination of the body of Brayer, at the Louisville Marine Hospital. He was 31 years of age, had been laborer and boatman by occupation, and had generally enjoyed good health. It was said that both his father and mother had died of phthisis, but that no symptom of the disease had ever manifested itself in him.

According to the account given by those who took him to the Hospital, he fell overboard from a steamboat at the Vicksburg landing, about the 26th of September. After remaining some minutes under water, he was taken out, to all appearances lifeless; he lay totally insensible for several minutes, but by some means or other was finally resuscitated. He remained on the boat, which soon left for Louisville; and, as he said himself, he was taken sick immediately. On the way, he had a dull pain in the left side, accompanied with cough and expectoration of some kind. He took no medicine on the way; the trip occupying about ten days. At the time that he entered the Hospital he was still laboring under the symptoms above enumerated, the expectoration being an opaque yellow mucus, sometimes presenting a rusty appearance. The ordinary physical signs of pneumonia, added to these functional ones, served to render the diagnosis of the case very plain. The treatment to which he was subjected in the Hospital, consisted of general and local bloodletting, blister-



ing, the antimonial, and finally, I believe, the mercurial treatment. The above concise history of the case, is substantially that given by the attending physician, Professor Caldwell, just prior to the examination.

*Autoptical Appearances six Hours after Death. Thorax.*—Deposition of recent and imperfectly organized and coagulable lymph over a great portion of the anterior part of the left lung, producing slight adhesion. On the posterior part of the same lung there was also copious deposition of lymph, likewise recent, but more perfectly organized, and producing a stronger adhesion. Very near the apex of this lung, on its anterior part, was a flattened and somewhat circular cavity, about an inch and a half in diameter, which contained about a teaspoonful of pus. It was essentially a pleuritic abscess, and its walls consisted of pretty firm false membrane. On the posterior part of the right lung there was likewise a deposition of recent lymph, but not so copious as on the left side, and the adhesion was not so strong. The right lung was greatly engorged with blood throughout, and there was a circumscribed portion about the size of the fist, near the middle of its back part, in a state of hepatization. Some small spots, of an apoplectic appearance, were also seen in the same region. The left lung presented, in its various parts, all of the three stages of pneumonia. Its anterior and inferior portion presented the deep engorgement with blood flowing freely upon incision, and the slight increase of solidity, characteristic of the first stage. Another part was in a state of hepatization; and the remainder presented the softening and purulent infiltration of the tissue of the lung, which characterizes the third stage. At the upper and back part of this lung, about four inches from the top, was a cavity about an inch in diameter, which was filled with dark venous and fluid blood. On three sides it was surrounded by a dark-red, semi-solid substance, and on the other, by the pleura and false membrane only. It was a well-marked instance of interstitial apoplexy. Several small spots of the same kind were also seen in the same region. The heart was in a healthy condition.

*Abdomen.*—No disease of any of its viscera.

*Head.*—There having been no indications of disease in this cavity, it was not examined.

In presenting this case, it is by no means my purpose merely to show the ravages produced by inflammation on the surface and in the substance of the lungs; but to exhibit a somewhat rare instance of inflammation following asphyxia. I suppose that in this case, as is common in asphyxia, an accumulation of blood took place in the whole extent of the circulatory apparatus for venous blood; that from suspended respiratory movements, or from the failure of the unchanged venous blood (the air being excluded) to afford the proper stimulus to the radicles of the pulmonary veins, or from both these causes together, the accumulation commenced in these veins, that it then took place successively in the branches of the pulmonary artery, in the artery itself, the right ventricle, the right auricle, *venæ cavæ*, &c. Under this state of things, the right ventricle would necessarily (the exclusion of air continuing, and death not yet having taken place in the brain from its want of supply of arterial blood) force on its

contents into the already distended pulmonary arteries, and the radicles of the pulmonary veins, until there should be produced a very great engorgement, if not absolute rupture, of them. The individual being then removed from the circumstances which brought on this condition of things, and respiration re-established, this engorgement of blood in the lungs would be dissipated slowly, and prove a source of irritation that would cause a development of all the inflammation and its consequences that we have seen. The congestion in this case, as the immediate consequence of asphyxia, was altogether different from that in ordinary inflammation in other parts of the body; and the inflammation was effected in a different manner. When inflammation is setting up in other organs, or in the lungs from other causes, the congestion is in the nutritious vessels of the part; but in this case there was a deep engorgement of the pulmonary arteries and veins, as the immediate consequence of asphyxia, and this by mechanical distension and consequent irritation, invited a secondary congestion in the ramifications of the bronchial arteries, which last led on to the inflammation and its consequences. As to the mode in which the various consequences of inflammation, which we found, resulted in this particular case, it would of course be superfluous to speak. They all took place in accordance with the well-known laws of that morbid action.

It may be asked, did not the individual take cold, and was not the pneumonia produced, as ordinarily, by the impress of that agent? I reply, that two circumstances in the history of the case induce me to think not. First, that the accident occurred at a season of the year when pneumonia is not readily produced in a stout man by such an exposure to cold. Secondly, that he was taken sick *immediately*, which would not have been the case if cold had been the agent in the production of the disease; whereas the congestion of the pulmonary vessels is quite sufficient to account for his immediate indisposition.—*Western Journal of Medicine and Surgery*.

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REMARKS ON THE PATHOLOGY OF DRUNKENNESS, WITH PARTICULAR REFERENCE TO DR. SEWALL'S PLATES.—NO. IV.

[Communicated for the Boston Medical and Surgical Journal.—Continued from page 381.]

Is alcohol a poison? So say Brande, Brodie, Christison, Thomson, Pareira, Paris, Murray, the Becks, Segalos, Orfila, and all the other standard writers on *Materia Medica*, and *Toxicology*. Brodie found that a small quantity of proof spirit injected into the stomach of a rabbit destroyed life very speedily, leaving upon the mucous membrane marks of intense inflammation. Orfila also found diluted alcohol to be a fatal poison, even when injected into the cellular tissue, producing the same effects as when introduced into the stomach. Dr. Paris ranks alcohol among the *narcotico-acrid* poisons, and MM. Foderé, Orfila, and T. R. Beck, assign it a place in the same class, along with *nux-vomica*, *woorara*, *cocculus indicus*, and other substances of similar character. In short, every person, however limited his knowledge on other subjects, knows that alcohol is poisonous to animal life, and if taken in very large quantity, is speedily fatal.



Are poisons useful to persons in health? How is it with ergot, diseased wheat, poisonous mushrooms, cocculus, arsenic, strychnine, colchicum, fox glove, aconite, hellebore, cicuta, conium, and stramonium? These are all ranked by Orfila and Beck in the same class with alcohol, and yet we have never heard of their having been recommended in time of health. We had supposed that all active medicinal substances like these could not be administered with safety, much less advantage, to persons in health; but if the doctrines advanced by Professor Hun, of Albany, be correct, then we, as well as the great majority of our medical brethren, have been laboring under a mistake; and thousands, who now enjoy good health, with no other drink but water, are happily ignorant of how much better health they might enjoy, if they would only temper their aqueous beverage with the fruits of the still, the brew-house, or the vat! "For," says the Professor, "one who uses alcoholic drinks with moderation will feel an excitement under their influence which will not exceed the limits of health, and which will leave no physical derangement behind it." That alcohol under different forms may be, and frequently is, taken without any apparent, or immediately injurious effects, is a matter of common observation, and yet, slow but certain changes may be going on in the different organs, particularly the stomach and liver, which will eventually result in serious derangement of the healthy structure and function, if not the destruction of life. But alcohol is not the only poison, whose effects may thus be resisted for a long time. "The fumes of mercury, of lead, and of copper," says Dr. T. R. Beck, "are well known to be injurious to those who inhale them, yet no fact is better established than that of workmen resisting their effects for many years." "In the mines of Peru," says Humboldt, "from five to six thousand persons are employed in the amalgamation of the minerals, or the preparatory labor. A great number of these individuals pass their lives in walking barefooted over heaps of brayed metal, moistened and mixed with muriate of soda, sulphate of iron, and oxide of mercury, by the contact of the atmosphere and the solar rays. It is a remarkable phenomenon," he adds, "to see these men enjoy the most perfect health. Again, in all the Savoyard and Swiss Alps, milk is collected and kept in small copper vessels, and in Germany preserved fruits are put into vessels of this metal, in order to give them a green color, and all without inducing any injury. The most astonishing of cases, however, on record, is that of the old man at Constantinople, who had been in the habit, for thirty years, of swallowing quantities of corrosive sublimate, until his dose at last came to be a drachm daily. He was living in 1800." "These exceptions to general rules," Dr. Beck truly remarks, "are best explained on the principle of idiosyncrasy, or of habit rendering the system innoxious to their effects. And such extraordinary instances should, above all, never lead us to the idea, that because one person has taken a particular substance without any ill effects, *it is therefore not a poison*. The Academy of Berlin was consulted in 1752, whether copper was a poison. They replied, that they did not consider it decidedly so, since several had taken it with impunity, either separately, or mixed with food. Now, if this doctrine receives a general application, we may

undoubtedly adduce examples of wonderful escapes from the effects of almost all noxious substances, and thus destroy the idea of poison altogether."—These remarks are particularly applicable to alcohol, which Prof. Hun recommends, somewhat ambiguously we admit, in *such quantities* as "may promote the comfort and well-being of the individual at any particular time"! Habit and idiosyncrasy do seem to enable some individuals to drink habitually of alcoholic liquors for a considerable period without apparent injury to their health, but where one escapes uninjured, we have reason to believe that hundreds, if not thousands, are destroyed by them. We doubt whether there is much, if any difference, in this respect, among the narcotico-acrid poisons, already enumerated. We have known an individual accustom himself to the use of arsenic, till he could take ten grains daily\* with impunity. A lady of our acquaintance is in the habit of swallowing, every 24 hours, about twelve ounces of laudanum; and yet she professes to enjoy good health, which, like Dr. Hun, however, she attributes to the narcotic. A popular delusion has long prevailed on this subject of intoxicating drinks, which it is the imperative duty of medical men to dispel; and that physician who palliates or justifies their common use, by precept or example, is false to himself, false to science, and false to our common humanity. We speak of it now solely as a medical question, and not with reference to its moral, social, political, domestic or religious bearings; and we do not envy the reflections of that man, who is willing to prostitute the influence of his name, and per chance his station, to palter to depraved appetite, or defend customs long since proved to be inimical to human happiness.

In our last number we made some remarks in relation to the renewal of the gastric mucous membrane, in cases where it has been destroyed by ulceration, or softening, induced by alcoholic liquors; and the conclusion at which we arrived, was, that patches of it might be restored, upon the total withdrawal of the poisonous irritant, but that, where the whole of the mucous surface had been removed, it yet remained to be shown to what extent, if any, the ravages could be repaired. Since then, the following case has been kindly furnished us by a friend, which has an important bearing on this point. Gen. M. had been a free drinker of ardent spirits, particularly brandy, for many years, although he was never known to have been intoxicated in his life. At length his appetite failed him, and he rejected all kinds of food; he complained of a severe gnawing, burning sensation in the region of the stomach, with constant thirst and nausea. His stomach retained no nourishment of any description; rapid emaciation, of course, succeeded, and at length he died, for want of sustenance; in other words, of starvation. On examination, the mucous membrane of the stomach was found to have been entirely destroyed, no remnant of it remaining, and even the sub-mucous cellular tissue was for the most part removed, leaving the muscular tissue exposed. Here, irritation had been followed by increased innervation, congestion, hypertrophy, softening, disorganization, till at length, both function and organic structure perished together! And yet Gen. M. was always called a temperate drinker, and

\* For a similar case, See Boston Medical and Surgical Journal, Vol. XII. p. 211.



was looked up to, as one of our most respectable, talented, and influential citizens. We have described softening of the gastric mucous surface, as one of the most common pathological changes, and where intemperate habits have been long persisted in, an almost invariable one, a fact which was also observed by M. Andral, in his dissections at La Charité. This softening he represents as being accompanied either with unnatural redness or whiteness of the mucous membrane, but in all cases, he states that it was the product of irritation. Many cases of indigestion, he supposes, are caused entirely by this affection of the mucous surface.

In connection with this softening of the mucous coat, there will be found, in nearly every case, where alcoholic liquors have been used to any great extent, an affection of the follicles situated under this coat, which, without particular care, might escape the observation of the pathologist. Where the habit has been but recently contracted, the follicles present the appearance of rounded granulations, which may be insulated, or collected in clusters in various parts of the stomach. In the natural and healthy condition of the organ, these small mucous glands are generally imperceptible to the naked eye; but upon the application of so acrid an irritant as alcohol, they immediately enlarge, and become distinctly visible, especially about the cardiac orifice, or near the pylorus, where they sometimes attain such a magnitude, as to give to the mucous coat an appearance similar to that of the duodenum. On examining these crypts with a microscope, they are found to consist entirely of a congeries of bloodvessels, connected by very fine cellular texture. It is the sanguineous congestion of these vessels, which gives to the stomach that *speckled* aspect, which we formerly noticed, as a frequent appearance in the stomach of the drunkard, and even of temperate drinkers. When we reflect that, according to Prof. Horner, the number of these glands amounts, in the human stomach, to 1,266,000, or 14,400 to each cubic inch, we can easily perceive how their congestion, from the irritant effects of alcohol, must cause a hypertrophy, or thickening of the entire membrane. And when, moreover, we consider, that the office of these follicles is to pour out a fluid, essential to healthy digestion, and that this fluid is materially affected, both in quality and quantity, by the application of such an unnatural stimulant, we can readily understand how it is that such a habit lays the foundation of indigestion, and all its concomitant evils. It is but lately that we have ascertained that the speckled appearance, already described, is generally, if not always, owing to congestion of these follicles; instead of being caused by extravasation of blood, as suggested by Dr. Sewall and others, into the sub-mucous cellular tissue. Their color, however, is not always red, but sometimes white, grey, or brown, and in their centres we frequently see a small orifice surrounded by a red or dark circle. In chronic gastritis, induced by alcoholic drinks, and this disease is more frequently produced by this cause than all others combined, we find these follicles always enlarged, and the mucous surface often of a grey or brown color.

PLATE III. *Fig. 1.* This plate of Dr. Sewall aims to represent the state of the drunkard's stomach, after a debauch. The internal coat of the organ is seen to be highly injected, and presents several livid spots

with dark grumous blood oozing from the surface. In short, the appearances, which the artist has designed to exhibit, are those produced by the most violent form of acute gastritis, whether caused by the agency of alcoholic or any other acrid poisons. They are such as we have often witnessed on dissection, in such cases; and repeatedly where death has followed at the distance of two or three days, after swallowing a quantity of arsenic; and lately in a young man of twenty-five, who brought on acute inflammation of the stomach, by frequently drinking brandy and gin slings, especially when over-heated. The eye of the practised pathologist cannot but recognize, at a glance, the veri-similitude of this plate, for it displays, as faithfully as artificial coloring can, the appearance of a stomach which has been subjected to these fatal ravages. As we have already observed, when speaking of a former plate, the appearances in no two cases will exactly correspond; in one the discoloration will be deeper, in another less, and yet out of a large number, this may fairly stand as the average *type*. None but a hypercritic, would pretend to question its accuracy, and none but the drunkard's apologist, and the defender of temperate drinking, would attempt to weaken the effect which such a representation must produce upon the popular mind. From the rapidity with which some of the plates have been executed, the shades of coloring have not been laid on with as much skill and delicacy as might have been wished, and yet they cannot be pronounced untrue to nature, or ill-adapted for the purposes which they were designed to answer.

*Fig. II.* of the same plate is designed to represent a *cancerous* stomach. The whole of the stomach was, in this case, found in a scirrhus state, its coats thickened to the extent of about two inches, the cavity of the organ nearly obliterated, and a large ulcer situated near the pyloric orifice. Now, these are changes, which it is next to impossible to exhibit by colored representations, and the attempt, therefore, has not been made in the small plates of the bound volume; but only a portion of the cancerous surface exhibited. This is as true to nature as it well could be, and fully answers the purpose of the artist. As to the question, whether cancerous disease of the stomach is ever produced by alcoholic stimulants, we suppose there can hardly be a difference of opinion, and yet perhaps few pathologists would admit that such is their frequent effect. The changes which we have attempted already to describe, are those which most usually follow the use of spirituous liquors, and where the degeneration assumes a scirrhus and cancerous character, it is owing to some peculiarity or indiosyncrasy of constitution, possessed by few individuals. In Buonaparte, there is no good reason to suppose that this disease was produced by intemperate drinking, and we know that it occasionally occurs in those who totally abstain from such drinks, besides the general belief that it is sometimes hereditary. There is probably something specific in this affection, which ordinary irritants have no particular tendency to produce. It is a disease most frequently met with in old age, and one which most generally attacks one of the orifices of the stomach, converting the textures into a dense gristly substance, with scarcely a vestige of normal structure remaining. We find the texture, on cutting into it, exhibiting various ap-



pearances, such as cartilaginous, osseous, fungoid, medullary, lardaceous, mammary, gelatiniform, or hæmatoid. We lately examined the stomach of a sea captain, for whom we have been in the habit of prescribing for the last fifteen years. He had been a temperate drinker of spirituous liquors, all his life, up to about ten years ago, when from frequent attacks of gout, he stopped all use of alcoholic drinks, in obedience to our advice, and never resumed them to the day of his death, about two months since, which occurred at the age of 73. From the day on which he changed his habits, for he dropped the use of meat at the same time, he enjoyed almost uninterrupted good health, up to within a few months of his death, and was decidedly the strongest man of his age among our acquaintance. Instead of having a dozen or more severe fits of gout annually, as he formerly had, he would often go whole months, and sometimes an entire year, without feeling the least symptoms of the disease. A few months after symptoms of paraplegia made their appearance, signs of a gastric affection began to appear, and soon became so severe, as to cause his stomach to reject every thing in the shape of food and drink. The bowels became obstinately torpid, the features assumed a sallow and constricted aspect; he complained of much pain in the region of the pyloric orifice of the stomach, with a sense of constriction, at times, across the abdomen, as if bound by a tight cord. On examination, after death, the pyloric portion of the stomach was found in a scirrhus state, leaving the opening of just sufficient size to admit a goose quill. A portion of the spinal cord, opposite the first and second dorsal vertebræ, was softened, and of a darker hue than natural; no other morbid appearances were noticed. Now, in this case it is not at all probable that alcoholic drinks had anything to do in causing the carcinomatous condition of the stomach, as the disease did not make its appearance until several years after the patient had entirely abstained from their use. The cases of scirrhus stomach, however, which Dr. Sewall has described in his "Pathology of Drunkenness," we have no reason to doubt were chiefly owing to the cause which he has mentioned, namely, the irritant effects of alcohol; and yet it has so happened, that few cases of a similar kind have fallen under our own immediate observation.

PLATE IV. is designed to represent the appearance of the stomach of the drunkard who dies from the disease called *mania a potu*, or *delirium tremens*. The stomach bears the marks of high inflammation, some portions appearing of a deep red, or mahogany color, and others black, as if in a state of incipient mortification. Dr. Sewall represents the appearances of the stomach after death from delirium tremens, as extremely uniform; so much so that he is fully of the opinion, that this disease has its seat originally in the stomach, and that the affection of the brain is purely sympathetic and secondary. In our dissections we have not observed as great a uniformity in the pathological appearances, as Dr. S. appears to have met with, though in every instance the stomach bore marks of previous inflammation. Dr. Copeland dismisses the pathology of this organ in delirium tremens with a single remark. "The stomach," says he, "generally presents appearances of chronic gastritis, the villous membrane being either

thickened, or softened, or both, and the villi effaced." This, however, tells but a small part of the story. This disease is always the effect of habitual stimulation, but does not occur till the use of the stimulus is suspended. There is but *one* form of the disease, though some physicians recognize *two*, the second being an acute gastritis, attended sometimes, if not generally, with delirium; but it is not what we understand by delirium tremens, and it certainly demands a very different kind of treatment. In the true mania a potu, the individual has been suddenly interrupted in a long course of intemperate drinking. The fever occasioned by the stimulus subsides, upon the withdrawal of the cause, and the system feels the want of the customary narcotic, which has now become necessary to the possession of the ordinary powers of body and mind. The whole nervous system is thrown into a state of excessive excitement, the patient cannot sleep, and delirium, with all its horrid images, and frightful imaginings, succeeds. Dr. Coates has very plausibly suggested that, in these cases, the use of alcoholic stimulants has produced "an excess of activity, a superabundance of vitality, in the brain and nerves, requiring the habitual narcotic to keep it down to the ordinary standard." That the disease thus consists in a heightened activity of the sensorium, demanding, temporarily, some narcotic, like opium, we have but little doubt; and we have still less, that it may, or may not be accompanied with acute inflammation of the stomach, as represented in this plate. We know that marks of chronic gastritis will always be present, and among these softening will rarely, if ever, be found wanting; if the habit of intemperate drinking has continued for years, the mucous membrane will be, for the most part, disorganized, if not entirely removed, and the surface will present a dirty ash or grey color, with patches of redness, especially about the larger curvature, and the pyloric orifice. Those, therefore, who expect to find in every case of delirium tremens, the appearances presented by this plate, will necessarily meet with disappointment, but they will be so often met with, that it may well stand as the common representative.

The pathological changes effected in the stomach by the agency of alcohol, may, to a very great extent, be anticipated by our knowledge of its physical and chemical properties. When first applied to the living body, it excites, modifies the nervous agency, increases the tone of the part, diminishes the capacity of the bloodvessels, and adds to their power of carrying forward the blood which they contain. This effect will be in proportion to the strength of the alcohol, and the susceptibility of the part to which it is applied; accordingly, we see that when applied to an inflamed part, alcohol relieves the state of congestion, or over-distension of the vessels, which characterizes that morbid condition. But if it is applied to healthy surfaces, the impression of increased energy, and the contraction of the bloodvessels, is but of short continuance; the vital power soon becomes exhausted, the vessels relax, and inflammation is the consequence. This is especially the case, when alcohol, no matter under what combinations, is applied to the delicate texture of the stomach. We know from its effects, when held for some time in the mouth, that it must necessarily inflame the mucous membrane, and rapidly destroy its vitality.



The effects produced, we need not add, are proportioned to the quantity swallowed. In view of such considerations, Professor Thomson remarks, "It may be reasonably asked, of what benefit is even the temperate use of ardent spirits to a healthful individual, who requires no additional excitement either of his mental or corporeal energies? To this question no satisfactory reply can be offered; and notwithstanding the universal propensity of the human species for intoxication, and the ingenuity exercised in obtaining means to effect it, yet ardent spirits can be justly regarded in no other point of view than as either a *medicine* or a *poison*." Professor Thomson is mistaken; for Dr. Hun has discovered that "one who uses these drinks with moderation will *feel an excitement* under their influence, which will not exceed the limits of health, and which will leave no physical derangement behind it." The benefit, it will be observed, from their use, consists simply in "feeling an excitement,"—no other advantage, as we perceive, does the learned Professor claim for them. In another place, we find the same high authority recommending "temperate drinking," on the ground of its promoting our "comfort" as well as "well-being," which we take to be synonymous with "feeling an excitement"! and in the Albany Evening Journal of June 17th, we find the Professor still reiterating, "temperate drinking does not produce disease of the stomach." We shall not weary ourselves or your readers, Mr. Editor, by any attempt to argue this question at greater length than we have, already, incidentally done. We simply state here, however, that temperate drinking, so called, does produce disease of the stomach, and the extent of that disease is proportioned to the quantity of alcohol drank; and, moreover, we could add, that if it could be found that temperate drinking does not produce disease of the stomach, which it never can be, still it cannot be denied, that temperate drinking leads to intemperate drinking, which does cause such disease according to Dr. Hun's own showing. The whole argument may well rest on the reply given to the following question. Does not the appetite for intoxicating drinks increase by habitual indulgence; and will not those who begin with three glasses a day, soon feel a desire to increase the quantity? We know full well that this is the case, and that those who become intemperate had no such intention or expectation when they began to drink. It is a necessary result of the nature of alcohol and the properties of animal bodies, that the impression produced by stimulating substances is weakened by repetition, and therefore, in order to produce the same effect, the dose must be increased. On this law rests the doctrine of total abstinence—a doctrine founded in wisdom, and resting on the imperishable basis of science and true philosophy.

#### ELECTRO-MAGNETISM A REMEDY FOR OPIUM POISONING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—As the following facts may not prove uninteresting to your readers, I take the liberty of reporting them for your Journal.

A few weeks since I was called upon to visit the child of Mr. H. Fos-

ter, of this city, who had taken an over-dose of laudanum. On entering the room I found the child (eight months of age) in an apparently dying state. The pulse was almost entirely imperceptible at the wrist; respiration suspended, except at long intervals; pupils not contracting to the light; the extremities cold, and an entire insensibility to external impressions. From the history of the case it was ascertained that about two teaspoonsful of the narcotic had been administered by a girl with whom the child had been left in charge, some eight or ten hours previously, and during the absence of the mother.

From the apparent hopelessness of the case, I was deterred from making use of the ordinary means of resuscitation, being fully aware that the poison had entered the system, and was working its fatal effects on the brain, &c.

The respiration and circulation were nearly suspended, and unless some means could be taken to remove the death-like torpor of the brain, it was evident that these vital functions would cease to be executed. I therefore at once resolved to make use of a powerful electro-magnetic machine, hoping that I might arouse and maintain the action of the *brain* sufficient to keep up *respiration* and *circulation* until the effects of the laudanum should pass off.

First, a smart shock was passed through the head with no apparent effect—then six or eight were passed in rapid succession, when slight convulsive motions were perceived. By continuing the shocks at short intervals for thirty minutes, the child was restored sufficiently to open its eyes and take some notice of things when presented to him—the respiration had also been constantly improving, until it had now become natural—the pulse had also acquired strength and regularity, and the temperature of the body become natural.

The shocks were now discontinued for a time, when the stupor, with gasping respiration and thready pulse, &c., returned. The use of the machine again, like magic, restored the patient to life and consciousness.

The remedy was persevered in until the effects of the poison had passed off, and the child was restored to safety.

It must be borne in mind that opium destroys life by suspending for a time the function of the brain, and thus secondarily putting a stop to *respiration* and *circulation*, which are dependent on the brain for their action.

In all those cases, therefore, where the narcotic has been absorbed into the system, we believe the only sure way of proceeding is to make those applications which shall act directly in *arousing the action of the brain*, and thus keep in operation the vital organs which are dependent on it, until the stupor has disappeared. The most effectual agent for accomplishing this is, without doubt, the electro-magnetic machine.

*Hartford, July 3d, 1843.*

E. E. MARCY, M.D.



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 JULY 12, 1843.
 

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*Fracture of the Pelvis—Laceration of the Bladder—Recovery.*—A patient with the above accident recently fell under the care of Dr. Walker, of Charlestown. The patient was precipitated from a rail-road, with engine, cars, &c., into a river. On examination, crepitus was found to exist in the bones of the pelvis, following any attempt at motion of these parts. There was a tumor in right iliac region, extending from Poupart's ligament almost to umbilicus, and situated between peritoneum and abdominal muscles, excessively tender, and when handled followed by sickness and vomiting. The bladder was full at the time of the accident. A catheter, when introduced into the urethra, on passing under the arch of the pubes, turned to the right side, upwards and outwards, and having passed some distance in that direction discharged six ounces of bloody urine, which was coincident with the subsidence of the tumor. Pulse small, and at times almost imperceptible, attended with jactitation, cool skin and some sweating. Catheter was passed three times in twelve hours, with relief. Sense of tumor in pelvis, but no disposition to pass urine. To procure free exit and prevent distension from accumulation of urine, the bladder was opened much as in the operation for lithotomy, and constant evacuation maintained through orifice. From the time of the operation there was no more vomiting, and sickness soon ceased; the unfavorable symptoms disappeared, and perfect comfort ensued. No sloughing of parts about lacerated portion. The patient continued to do well, and on the 25th day consolidation of fractured bones had taken place, and he has since been able to go out.

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*Stammering.*—A correspondent, in a note recently received, thus expresses himself in regard to this infirmity:—"The essential organs of speech are assumed to be the lungs and larynx. Their functions, like those of other organs, are performed by muscular power. A disturbance of the legitimate action of the very numerous muscles of the lungs and larynx, from whatever cause, will be followed by embarrassment of speech, stammering or stuttering. The cure of the infirmity, on this hypothesis, must consist in restoring harmony and strength to the muscles necessary to the perfection of speech.

"We believe this is practicable, and we hope those who can give time and attention to the investigation of the subject will not be deterred by its difficulties, nor the taunts of 'imposition, humbuggery, quackery,' &c., from pursuing their inquiry and experiments until they have *matured*, if it may be, a satisfactory and successful plan of treatment. There are good reasons to hope that the time is not distant when new views of this singular and perplexing infirmity will lead to an appropriate treatment, and result, finally, in its perfect remedy, and so certainly, we confidently believe, to its early arrestation, that a century hence stammering or stuttering will be known only in history."

*New Hampshire Asylum for the Insane.*—On the 28th of October, 1842, Dr. Chandler, the Superintendent and Physician of this Asylum, took up his residence in it, and the next day the first patient was received. From that period 39 males and 37 females have been admitted, of whom 12 have recovered—a degree of success that affords strong encouragement to the friends of humanity in New Hampshire.

The supposed causes of the insanity of the newly-received inmates of this great State charity, according to the report, are essentially as follows, viz., religious, 21; ill health, 10; pecuniary embarrassment, 6; intemperance, 3; injury of the head, 1; fits, 1; fever, 3; domestic affliction, 3; taking cold, 2; hard study, 2; disappointed affection, 2; unknown (causes), 18.

Religious excitement seems to have been the most prominent cause—since 21 in the establishment are the victims of it. Dr. Chandler judiciously remarks that—"The number who have become insane from doubts and apprehensions in regard to a correct religious life, and the means to be used to secure happiness in a future state, is eleven. They look upon the dark side of the picture, and take a strong hold of the fearful warnings of the gospel, but let go its abundant consolations. To religion has been attributed the origin of a very large share of the cases of insanity in the community. But of the many hundred persons made insane, as was thought, by religious creeds and theories, none, whom I have ever heard of, were made crazy 'by visiting the fatherless and widows in their affliction, and keeping themselves unspotted from the world.'"

The Asylum is represented to be a good building, plain and substantial, and of neat architectural proportions, located on a healthy and commanding site in the town of Concord. There is a farm connected with it, embracing a domain of 121 acres. In a word, all the advantages which experience in other places has decided to be important in the benevolent labor of restoring the insane to health and consciousness, or making the hopelessly incurable comfortable through a cheerless life of unalterable lunacy, are combined in the New Hampshire Asylum. Nothing seems to have been executed for show; but all for substantial utility.

Thus we have given a synopsis of the first report, which speaks favorably for the capability of Dr. Chandler; and long may he live to practise upon those wise philanthropic and medical principles, which he was taught in the most faithful manner by Dr. Woodward. It behooves the Legislature of New Hampshire to pursue a liberal course with the Asylum. It must never be shackled by pecuniary embarrassments, nor lack a single article or facility for carrying out the scheme of operations which the Superintendent proposes for ameliorating the mental or physical condition of the unhappy beings confided to his charge. With such assistance as can and should be cheerfully bestowed by the whole intelligence of the granite State, their institution for the insane will have a reputation as extensive as the patriotism, firmness, independence and benevolence of the people who established it.

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*Anatomical Casts in Plaster.*—In the Journal of June 29th some remarks may be found relating to the ingenious method of copying dissections and taking casts of tumors, surgical anatomy, &c., by Messrs. J. C. Hyatt & Brother, of Rochester, N. Y. Since these remarks were



penned, we have been favored with three specimens of their handy work, viz., a cast of the dissected vessels of the ham—the tendons of the foot, with the vessels—and one of the face and half the cranium. To our extreme regret, this last piece, apparently a very beautiful and accurate copy of a fresh dissection, was found badly broken on its arrival. The others are whole, and open to the inspection of the curious. Anatomists cannot be indifferent, we imagine, to this useful art, which is economical in cost, and accurate in details.

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*Hemiplegia from tying the Common Carotid Artery.*—M. Sedillot applied a ligature to the common carotid to arrest hæmorrhage, in a man who was wounded behind the right branch of the lower jaw. Complete hemiplegia of the left side of the body, and of the right side of the face, followed, and the patient lost his intelligence so far that he could scarcely comprehend questions put to him. He died nine days after the application of the ligature, and the post-mortem examination showed that the hemiplegic symptoms had resulted from the right side of the brain having been deprived of its due proportion of arterial blood.—*Gazette Médicale, in London Med. Gaz.*

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*Electro-Magnetism.*—In Tuscaloosa we were asked to look at a small electro-magnetic machine which an ingenious citizen of that place, Dr. N. Walkly, had constructed, and was applying to the cure of diseases. Dr. Walkly was an inquisitive and scientific mechanic, who turned his attention to medicine, which he studied for the purpose of making a systematic trial of electro-magnetism in the treatment of diseases. Within the last twelve or eighteen months, he has used it in chorea, epilepsy, neuralgia, palsy, chronic rheumatism, deafness, torpor of the liver with constipation, amenorrhœa, dysmenorrhœa, and several other complaints. Of his success and his failure, he gave us a detailed account, apparently with great candor; and we feel it a duty to say that he seems to have effected a cure, or afforded palliation, in several cases of those very intractable affections. It must certainly be admitted, that the profession has not yet made a full and fair trial of this agent, and we take great pleasure in commending Dr. Walkly's enterprise to the patronage of the physicians, and of the community in general, through this country.—*Dr. Drake's Travelling Editorials, in Western Med. and Surg. Jour.*

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*Medical Miscellany.*—The White Mountain Medical Society met at Little Village, New Hampshire, recently, where invalids were invited to avail themselves of advice gratis.—At New Orleans Dr. C. F. Snowden was before the Criminal Court, for assaulting Dr. J. M'Intire at church.—Goblets of a classical form, unlike anything known to our Indians, curious weapons of war, drinking cups and tools, the use of which is unknown, have lately been discovered near Natchez, by Dr. Dickinson. They are some relics, probably, of the Spaniards. Dr. D. has also discovered the bones of some large animal, now unknown, and will shortly give his discoveries to the world in a satisfactory shape in writing.—John Cary, aged 114, wanting two months, died at Washington on the 2d of June.—The epidemic murrain in Egypt continued at the last accounts, and had swept off five thousand oxen purchased for Ibrahim Pacha.—Medical lectures commence at the Castleton Medical College on Thursday, the 3d day of

August, with exceedingly flattering prospects.—The Censors of the First Medical District of the Massachusetts Medical Society will be in session, July 26th, at No. 21 Pearl street, Boston.—Mr. Zeitz, at the head of Water street, certainly manufactures a very splendid assortment of surgical cutlery.—Mr. Metcalf, No. 33 Tremont Row, has a rare and beautiful assortment of instruments, which medical strangers should by all means examine while in the city.—Dr. Heaton's operations for the speedy cure of hernia are beginning to attract public attention. His office is in Winter street.—In Paris there is said to be about one hundred *clairvoyant* females, who pick up a living by pretending to see diseases—for which they prescribe. There are one or two only in Boston—but they enjoy a fine revenue by their impositions and the credulity of those who consult them.—Queen Victoria is nursing her third child, as every mother should. A neglect to do so makes sickly mothers and puny children.—A sick lion, in the Berlin Menagerie, is represented to have been cured by a homœopathic dose of the sixth millionth part of a grain of nux vomica.—Several medical practitioners lost their dwellings by the late disastrous conflagration at Fall River, Mass.—Forty-six cases of smallpox and varioloid have occurred at Meredith, N. H.; many of them, however, being either the latter, or smallpox by inoculation. There have been only two deaths, and the disease has so nearly subsided that no new cases are expected. Five cases have occurred at Exeter, N. H. Only one death has taken place.

**MARRIED.**—In Franklin, N. H., July 3d, Daniel V. Folts, M.D., of Springville, N. Y., to Miss Harriette Ellsworth, eldest daughter of J. Merrill, M.D.—Dr. W. H. Prince, of Salem, Mass., to Miss E. L. B. Parker, of Boston.—In New York, Dr. B. Franklin Clark to Mrs. Sarah P. Parmenter.

**DIED.**—In Hartford, Ct., Wm. R. Boardman, M.D.—At Skaneateles, N. Y., Sam'l Porter, M.D.—At Lexington, Ky., Joseph Scott, M.D.—At Shirley, Mass., Augustus Parker, M.D.—In New York, Dr. Christopher Backus, 84.—In Boxford, Dr. Moses Gould, of Baltimore, 43.

Number of deaths in Boston, for the week ending July 8, 39.—Males, 19—Females, 20. Stillborn, 6.

Of consumption, 2—child-bed, 2—erysipelas, 2—decay of nature, 1—intemperance, 1—hooping cough, 3—infantile, 4—scarlet fever, 1—dropsy on the brain, 2—typhus fever, 2—croup, 1—debility, 3—sudden, 1—pleurisy, 1—influenza, 4—disease of the heart, 1—liver complaint, 1—old age, 1—marasmus, 1—smallpox, 1.

Under 5 years, 11—between 5 and 20 years, 2—between 20 and 60 years, 18—over 60 years, 7.

#### REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Mass. Lat. 42° 15' 49". Elevation 483 ft.

June.	Therm.	Barometer.	Wind.	June.	Therm.	Barometer.	Wind.
1	from 39 to 50	from 29.20 to 29.40	N W	16	from 52 to 56	from 29.26 to 29.38	N E
2	37 53	29.50 29.54	N W	17	51 67	29.37 29.42	N
3	47 64	29.19 29.39	S	18	54 70	29.45 29.50	N W
4	50 65	29.29 29.36	S E	19	55 78	29.58 29.67	S W
5	60 73	29.17 29.22	S W	20	56 77	29.70 29.73	S W
6	52 56	29.21 29.32	E	21	60 82	29.62 29.68	S W
7	48 65	29.43 29.62	W	22	62 85	29.44 29.55	S W
8	56 66	29.60 29.66	S W	23	66 85	29.35 29.40	S W
9	54 65	29.28 29.34	N	24	66 87	29.20 29.31	S W
10	54 84	29.18 29.25	S W	25	64 78	29.21 29.37	N W
11	57 67	29.11 29.33	N E	26	58 80	29.46 29.50	S
12	53 72	29.47 29.54	W	27	64 86	29.39 29.43	S
13	52 70	29.22 29.45	S	28	67 81	29.30 29.37	S W
14	61 77	29.00 29.11	S W	29	69 80	29.23 29.27	W
15	56 71	29.13 29.35	N W	30	71 86	29.25 29.40	N W

This month has been favorable to vegetation. The first half was cold and wet, the last ten days warm and dry. Influenza is prevalent at the close of the month. Range of Thermometer, from 37 to 87. Barometer, from 29.00 to 29.73. Rain, 4.15 inches. Severe frost on the 2d.



*Death from a large Dose of the Sulphate of Quinine.*—A man 26 years of age, No. 11 Saint Madeline's ward, was affected with acute articular rheumatism; he had been shortly before treated in the Hotel Dieu for smallpox, and having probably left the hospital too soon was exposed to cold, and contracted acute rheumatism, in consequence of which he was admitted under the care of M. Recamier on the 27th of November; he then labored under general fever without any complication; the heart, lungs and head were not implicated; there was derangement of intelligence; no headache; both wrists were very painful and swollen, but the skin was not red; the knees were also painful, but in a less degree; no pain in the hips. The diagnosis was thus stated—*acute rheumatism of the joints, with fever of medium intensity*; as to the prognosis it was stated that they would probably be of tolerably long duration; that complications were to be expected, such as inflammation of the serous membranes of the thorax, though nothing of the kind yet existed.

M. Recamier having just witnessed an admirable cure effected in an analogous case, by the administration of sulphate of quinine, to a lady, in private practice, resolved to employ the same treatment in this case. He prescribed the first day three grammes (fifty-six and a half grains) in twelve papers, one to be taken every hour. No bad effect resulted.

The next day the pains were diminished in the lower extremities, but were more severe in the wrists. On a careful examination of the heart, no *bruit de soufflet* could be detected, but its pulsations were not quite so distinctly clear as natural.

The second day five grammes (seventy-seven grains) of sulphate of quinine were prescribed; to be taken in the same manner as the first day. The patient had only taken three and a half grammes when he was suddenly attacked with extreme agitation, followed by furious delirium, and death occurred in a few hours.

On dissection the signs of a general and most intense meningitis were discovered; considerable sanguineous effusion of the meninges; penetrated vascularity of the surface of the brain, of which some points, more intensely inflamed, presented a commencement of softening; the quantity of serum in the ventricles was natural.

While the foregoing case was in progress, a similar but less disastrous one, occurred under the care of M. Husson, in the person of a patient affected with symptoms of rheumatism, closely resembling the above mentioned. Six grammes of the sulphate of quinine were administered; after the ingestion of the last dose, the patient fell into a state of prostration, rapidly followed by extreme agitation and delirium, to which soon succeeded excessive debility and complete immobility. The pains, however, had disappeared.—*Gaz. des Hopitaux, in London Med. Gaz.*

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*Just published in London*—Medical History of the Expedition to the Niger during the years 1841–2; comprising an account of the fever which led to its abrupt termination. By James O. M'William, senior Medical Officer of the Expedition.—Medical Bibliography, Vol. I. By James Atkinson, late Senior Surgeon to the York County Hospital, and Vice President of the Yorkshire Philosophical Society.—On the Nature and Treatment of Stomach and Renal Diseases: being an Inquiry into the connection of Diabetes, Calculus, and other affections of the Kidney and Bladder, with Indigestion. By William Prout, M.D., F.R.S.

T H E

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ON THE NATURE, DIAGNOSIS AND TREATMENT OF INCIPIENT  
PHTHISIS.

[Concluded from page 453.]

**SEDATIVES.**—The employment of sedatives, however valuable as a palliative measure in the more advanced stages of the malady, I have seldom found to be of much service in the very commencement of the disease, save in diminishing the irritation of the cough, and occasionally in procuring rest. The hydrocyanic acid does not appear to have sustained the reputation in the treatment of phthisis which its advocates at first raised in its favor: nevertheless, in combination with morphia or conium, it is sometimes exceedingly useful in quieting the paroxysmal cough, which often, even at the commencement of the disease, proves so harassing and wearing to the sufferer. Hyoscyamus, in the form of tincture, is a valuable addition to the mixture of iodide of potassium and soda, before alluded to.

Digitalis may be advantageously prescribed in those cases of phthisis co-existing with cardiac affection, and especially if the habit be phlegmatic. The effects, however, of this remedy must be carefully watched, since by deranging the gastric and alvine functions, and permanently reducing the force of the circulation, the constitution will be thereby injured, and the disposition to deposit tuberculous matter in consequence increased. Perhaps, on the whole, the salts of morphia, commencing with very small doses, may be esteemed the most useful. In the inflammatory complications of the complaint, the tartrate of antimony, in combination with a sedative, will operate beneficially; but, from its liability to disorder the stomach and bowels, its use should be discontinued immediately after the inflammatory symptoms have been subdued.

**Mercury.**—The exhibition of mercury in phthisis, save as an alterative, or in combination as a mild aperient, has been considered by the greater number of authors as decidedly injurious. More recently, however, the attention of the profession has been ably directed to the subject by Sir Henry Marsh, Dr. Graves and Dr. William Stokes, of Dublin; and still more lately, in an interesting paper on the treatment of incipient phthisis by mercury, by Dr. Munk, published in the Medical Gazette for October, 1840.



From the high talent and undoubted testimony of the authors above mentioned, and from the numerous well-marked cases which they have detailed, little question can exist but that in some cases of incipient consumption the production of pyalism is attended with the happiest result ; in reference to the adoption of this treatment, however, the precaution of Dr. Stokes should never be lost sight of, viz.: "that the remedy is a two-edged sword, and its exhibition must not be lightly attempted."

The form of the disease best adapted for the mercurial treatment is that in which the symptoms present more or less of an inflammatory character. In these cases, by the judicious use of mercury, the irritation of the pulmonary mucous membrane and parenchyma may be removed, the deposition of tuberculous matter probably arrested ; and thus, by the suspension of local action, time is gained for the adoption of other remedies, and the improvement of the general health.

In my own practice I have tried the mercurial treatment of incipient phthisis in a very limited number of cases ; where I have done so, however, the result has been more or less favorable.

*Inhalation.*—Of the utility of inhalation as a remedy in the early stage of consumption, I have at present had very little experience. Like the majority of curative measures, it has its advocates and its opponents ; and on weighing the testimony of each, it is extremely probable that by judicious management, where there exists but little disposition to inflammatory action, it will prove a useful adjunct to the therapeutics of pulmonary disorders.

Sir Charles Scudamore strongly recommends a mixture of iodine with conium, inhaled from a glass apparatus with large tubes, by which treatment, combined with general measures, he reports that he has effected several cures. Dr. Corrigan prefers impregnating the air of the patient's room with iodine. Perhaps the most ingenious and economical method of introducing this substance into the system by inhalation, is that proposed by Dr. Leigh, of Jersey, who directs the patient to apply a sufficient quantity of iodine ointment on the ribs, under both axillæ, and then, by covering the head with the bed-clothes, to inhale the iodine that is volatilized by the heat of the patient's body. This practice may be advantageously adopted in hospitals, and as the ointment produces counter-irritation, I would suggest its simultaneous application below the clavicles.

*Tonics.*—After the removal of local, especially gastric, irritation, and the more prominent symptoms caused by the presence of tubercles, the free exhibition of tonic remedies (with a view to improve the general health, by altering the condition of the fluids and solids of the body, upon the depraved state of which the secretion of tuberculous matter undoubtedly in a great measure depends) may be most advantageously had recourse to ; of these, iodine, the preparations of iron and zinc, the sulphate of quinine, and the mineral acids, are to be preferred. The sulphates of iron and quinine, with an excess of acid, I have repeatedly found, in conjunction with the exhibition of emetics, to act most favorably in this disease ; indeed, the salts of iron, by improving the condition of the

blood, have, and still most deservedly enjoy, a high reputation in the treatment of the early stages of pulmonary consumption.

Among the best tonics in incipient phthisis may be included—early hours, both in reference to rising and going to bed; at the same time carefully avoiding excitement of any kind that may at all interfere with a quiet and unbroken slumber; a diet at once nutritious, unstimulating, and easy of digestion. Thus, for breakfast, I would recommend a lightly-boiled egg, with dry buttered toast, or bread a day old, and tea or cocoa, with a large proportion of milk; coffee, with an equal quantity of milk, may be taken if it agree, but in general I have found it too stimulating. For dinner (which should be an early hour, viz., 1 or 2), meat, principally mutton, beef and game; veal, pork and salted meats are objectionable; fried fish and salmon must be rejected from the dietary of the phthisical patient; boiled sole, whiting and haddock, however, are nutritious and digestible, and may therefore be allowed; a moderate proportion of well-dressed vegetables may be taken with the meat, with a small quantity of mild home-brewed beer; this is far preferable to porter or wine, which are too stimulating. The tea and supper should be combined, and consist principally of milk, or thin arrow-root, with toast or bread and butter; the last meal ought to be taken at least one hour before bed-time. In addition to the above, I would strongly recommend a tumbler of asses' milk to be taken twice a day, viz., on rising in the morning, and again immediately before retiring to rest.

Another admirable tonic is a residence where the air is mild and dry, to the invigorating influence of which the patient should expose himself as much as possible, carefully avoiding easterly and northerly winds. He should live much in the open air, taking gentle exercise, the best of which by far, when attainable, is that derived from horse exercise. Sailing on the sea, when moderately agitated, if it do not excite too great nausea, is another valuable remedy in the early stage of the complaint; and, at this period, seldom fails in affording marked relief; cruising round the coast, at repeated short intervals, by avoiding the inevitable ennui consequent on a protracted sea expedition, is preferable. Travelling (provided the circumstances of the patient admit of the comforts of home, combined with the strictest regard to the improvement of the general health), by varying the air and scene, and at the same time tranquillizing the mind, proves, in many cases, a valuable auxiliary to the tonic treatment.

The shower-bath, if possible, should never be neglected by those in whom there exists the slightest predisposition to the tuberculous habit. It is astonishing the amount of benefit derived from this remedy as a tonic; it enables the invalid to bear with impunity the vicissitudes of climate, braces the system, gives tone to the digestive organs, and, by diminishing the susceptibility to the impression of cold, prevents, in many cases, the first assumption of the disease. It should be taken every morning throughout the year on rising, and its use followed by brisk friction with the coarsest towels. If, in delicate individuals, the shock of the bath cannot be borne, or re-action does not immediately follow, rapid sponging of the entire surface of the body, succeeded by friction, must be substituted. In



commencing either practice, it will be advisable to use the water slightly warm; the temperature, however, must be daily reduced until it becomes cold, at which point it must be steadily kept and persevered in. Flannel ought always to be worn next the skin; and, during the winter months, I would strongly advise a chamois leather waistcoat being worn over thin flannel during the day, by all those who, from whatever cause, are more or less prone to the disease.

Having brought to a conclusion the consideration of those remedies which have proved, both in my practice as well as in that of others, of unquestionable benefit in the treatment of the early stage of pulmonary phthisis, it now only remains for me, in a few words, to notice the especial treatment of those forms in which the disease commonly obtains at its commencement, more particularly in reference to its complication with inflammation and hæmorrhage.

When bronchitis or pneumonia co-exist with tuberculous deposit, the proper remedies will be depletion, saline aperients, antimony, low diet, and the cautious exhibition of mercury to the extent of *slightly* affecting the system. Having, by one or more of these measures, subdued the inflammatory condition, the period then arrives for emetics, counter-irritation, and mild tonics; at the same time, by way of precaution, frequently repeating the topical bleeding by leeches below the clavicles.

When hæmoptysis is a prominent symptom in the early stage of phthisis, small and repeated general bloodlettings are advisable; saline aperients; nauseating doses of antimony or ipecacuanha; the mineral acids, with opium; the acetate of lead, with opium and acetic acid; or creosote, with opium; or lastly, in the event of all these remedies failing to arrest the bleeding, we may try what is now believed to be the active ingredient of Ruspini's styptic, viz., gallic acid, in doses of half a grain three or four times a day.

Having, by the above practice, succeeded in stopping the bleeding, we may then, with advantage, commence the exhibition of emetics; the application of blisters to the chest; the use of tonics, especially iron and the mineral acids; with the other general measures already fully detailed.

If the disease be uncomplicated either by hæmoptysis or inflammation, which in the majority of instances is the case, we should at once commence the practice of emetics, counter-irritation and iodine, with strict attention to the rules for diet and regimen above prescribed.

To ensure the beneficial effects of the foregoing treatment, it must be commenced *early, boldly, and continued perseveringly*; and although, in so fatal an affection as phthisis pulmonalis, and one the tendency of which to a progressive and fatal termination is so great, many cases will inevitably occur in which apparently little benefit is derived from any mode of treatment; yet, on the other hand, I do conscientiously affirm, that by the timely and judicious exhibition of remedies, the disease, if not cured, may often be indefinitely suspended; and the lives of hundreds, in whom it now too frequently runs unchecked to its close, may be long preserved in a state of happiness and comfort.—*London Medical Gazette.*

## ANEURISM CURED BY PRESSURE.

By Edward Hutton, M.D., Surgeon to the Richmond Hospital.

MICHAEL DUNCAN, æt. 30, a laborer, of rather healthy appearance, but of intemperate habits, was admitted into the Richmond Hospital on the 3d of October, 1842. He stated, that ten days previously, while suffering from cramp in the right leg, to which he had been subject for the last year, he, for the first time, discovered a tumor in his right ham, which was then equal in size to a hen's egg; in three days afterwards he observed some swelling in the foot and ankle, and felt pain along the outside of the leg. At the time of his admission into the Hospital the tumor had somewhat increased in size, and was found to occupy the lower part of the popliteal space. It pulsed strongly, and when the femoral artery was compressed in the groin the tumor admitted of considerable collapse. The compression being removed, it again became extended, and the "purring thrill" attended the re-entrance of the blood into the aneurismal sac. The leg was somewhat swollen, and its veins turgid, and he complained of prickling sensations in the limb. His pulse was 60 and regular, and his general health appeared unaffected. The nature of his case was explained to him, and the operation of tying the femoral artery proposed. To this he declined to submit in the first instance, and expressed a desire that other means might be tried. For three or four weeks he maintained the horizontal posture, and a compress and bandage was applied; but as the tumor gradually increased in size, and as he suffered pain from the pressure, this treatment was discontinued.

*November 1st.*—The patient being still reluctant to undergo the operation, I resolved to try compression of the femoral artery, and I entertained some hope of success from being informed by Mr. Adams that the late Mr. Todd had succeeded in a similar case, of which no account has been published. Having at hand an instrument constructed for the suppression of secondary hæmorrhage after ligature of the femoral artery, I applied it in this case. It was so contrived as to admit of pressure being made by a screw and pad upon the course of the femoral artery, and the counter pressure upon the opposite surface of the limb without interfering with the collateral circulation.

In the first instance the compression was made upon the femoral artery in the middle third of the thigh, and although it was effectual in compressing this vessel it produced so much uneasiness that it could not be sustained, and after a few applications the apparatus was removed and adapted to the upper part of the limb.

12th.—The femoral artery was compressed as it passes from the pelvis under Poupart's ligament, and the pressure maintained for more than four hours.

14th.—The tumor feels rather more solid; the purring thrill, before felt on the re-entrance of the blood into the sac, is no longer sensible; the pulsation as before.

18th.—No change in the tumor.



19th.—The circumference of the limb at the seat of the tumor is a quarter of an inch less than at the last measurement.

22d.—Duration of compression three hours ; the pulsation returned after its removal.

24th.—Artery compressed six hours ; same result.

25th.—He was unable to bear the application from soreness in the groin ; he complained also of some pain in the tumor.

26th.—The compression was resumed, and continued for four hours ; when the instrument was removed, the pulsation had ceased in the tumor, which felt solid, and was free from pain.

27th.—The pulsation had, in a slight degree, returned ; compression applied for six hours.

28th.—No pulsation was now felt in the tumor. It had decreased in size, and was solid.

29th.—The compression was maintained six hours ; no pulsation can be felt ; compression applied for three hours.

*December 1st.*—An artery, about the size of the temporal, is felt pulsating along the course of the tumor, which is quite solid, much diminished in size, and is altogether free from pulsation. The use of the instrument was now discontinued. The femoral artery pulsates naturally.

On the 7th of December the temperature of the legs was examined at the calf.

Temperature of the aneurismal limb, 86 deg. Fahrenheit ; of sound limb, 30 deg.

			Aneurismal.	Sound Limb.
December	12th.	—Temperature	88 deg.	90 deg.
"	20th	"	90 "	91 "
"	21st	"	91 "	91 "

On the 27th of December the tumor was reduced to the size of a small walnut, and felt very hard. He was this day discharged at his own request.

In six weeks he visited the Hospital at my request. The tumor was about the size of a nutmeg, and solid. He had been at his usual employment.

*Remarks.*—Since this case occurred, Dr. Cusack has treated with success, by similar means, a case of popliteal aneurism in Dr. Stevens's Hospital, and Dr. Bellingham another in St. Vincent's Hospital. It would appear that this plan of treatment has been too hastily abandoned by the profession, probably from the compression employed being so excessive as to render it quite insupportable to the patient. The least possible pressure which may be sufficient to close the vessel should be used, and when this cannot be sustained, it will prove of use to partially compress the artery, so as to lessen the impulse of the circulation. In cases where the aneurismal diathesis exists, this treatment would seem to be demanded before recourse should be had to an operation.—*Dub. Jour. Med. Sciences.*

## REVIEW.

"*An Epitome of Homœopathic Practice, compiled chiefly from Jahr, Ruckert, Beauvais, &c.*" By J. T. CURTIS, M.D., and J. LILLIE, M.D.

THIS is a small work, on a small science, by a pair of small writers. The science, displayed in its pages, can be characterized by no other word than that so often used by the founder of the system—*infinitesimal*; and were we disposed to show with how small an amount of brains this world of bipeds may be doctored, as well as "governed," we should doubtless point to the authors of this "Manual" in illustration of our meaning.

The preface is taken up with showing that no dependence whatever can be placed upon Jahr's "*New Manual of Homœopathic Medicine*," as translated—a fact which was pretty well understood already; but its worthlessness is not occasioned by the errors of the translator, but owing to the circumstance that it is a pure work of fiction; it not even possessing the merit, which many such works have, namely, that of being *found on fact*. In proof of our assertion, we need only refer to the articles "*Actea*," p. 23, with its six closely-printed pages of symptoms; "*Aquilegia*," p. 61, with its three pages of symptoms; "*Chenopodium*," p. 140, with its five pages; and "*Nigella*," p. 253, with its five pages, also, of all the symptoms and combinations of symptoms, which the imagination could possibly conceive, with many others; for who could have believed that Jahr himself allows that the symptoms under these and many other articles, have all been "*forged*." In his preface to his "*New Homœopathic Pharmacopœia and Posology*," translated by Dr. Kitchin, of Philadelphia (page 14), Jahr remarks, "we have not hesitated to give admission to the medicines of which Dr. Fickel (Heyne, Hoffbaner, &c.) has published the IMAGINARY OR FORGED PATHOGENETIC EFFECTS; for *how ridiculous soever* it might have been to admit them into the *materia medica*," &c. After enumerating nine different articles, and some of them those on which the homœopathic prescribers have hitherto chiefly relied, he adds, "all that has been published on these substances, in the French homœopathic journals, should be totally rejected, since they are but the translations of erroneous publications, as above mentioned." This precious confession furnishes a clue to one of the mysteries connected with this occult art. Many persons have wondered *how it was* that so many thousands of the most violent symptoms could be produced by some of the most inert substances, many of which are not known to produce any effects whatever, in *any* appreciable dose; why, for example, simple *carbonate of lime* could produce six pages of symptoms—*charcoal* as many more—*sponge*, *silex* and *sulphur*, each, as many more, &c.; the secret, however, is now revealed—these German transcendentalists have been amusing themselves by drawing up *imaginary systems of materia medica*, and fools or knaves enough have been found, who were willing to take their systems upon trust, without so much as putting a single article to the test of actual trial, on a person in a state of health; although a mite of common sense would have shown these gentry that there was not, and could not be, a single well-established fact in the whole farrago



of stuff, so pompously published forth as systems of homœopathic materia medica. The practitioners of this school have again and again been challenged to produce upon the healthy, any *one* of the thousand symptoms laid down in their books; but have they accepted the challenge? Not they—and nothing would they deprecate so much as such a test. Take, for example, “carbo-vegetabilis,” or vegetable charcoal. Now, there is not any variety of pain, anguish and suffering, whether bodily or mental, which is not laid down by Jahr (p. 127) as produced by this inert substance; and its effects, moreover, he states, last “about forty days”! Among these symptoms, are “rheumatic drawing and tearing in the limbs,” “wrenching pain in the limbs,” “burning pains in the limbs and bones,” “influenza,” “cholera,” “palsy,” “lame-ness,” “great weakness in the joints,” “nettlerash,” “scabies,” “chil-blains,” “stinking ulcers,” “toothache,” “headache,” “pain in the eyes,” “sore throat,” “earache,” “pain in the nose,” “pain in the stomach,” &c. In short, every organ and every part of the system is affected in every possible manner by infinitesimal doses of charcoal, and the language is absolutely tortured to express the varieties of suffering and pain to which they are subjected. The same remark will apply to *sulphur*, *sponge*, *silex*, and in fact to every other article whose effects are pretended to be recorded.

Now we ask Dr. Capen, or even the authors of this silly manual, do you believe these statements? If not, are you justified in placing reliance on anything which you find in these systems of materia medica? If twenty pages of symptoms have been forged, how do you know but that all is of the same character? Drs. Fickell, Heyne and Hoffbaner stand high on the list of homœopathic authors; but if they don’t hesitate to “forge,” what dependence is to be placed upon the others? Those who are honestly inquiring after the truth in this matter, we beg leave to refer to a work of Dr. Joerg, of Leipsic, published in 1825, entitled “Materialien zu einer kunptigen, Heilmittellebre durch bersuche,” &c., or, “Materials to serve for a future System of Materia Medica.” Dr. Joerg went through a systematic series of experiments with the leading articles of the materia medica, with the view of ascertaining their effects upon the healthy tissues, upon twenty-seven different individuals, all in good health, and of regular and temperate habits. Each remedy was administered in different doses to different individuals, or at different periods, and the effects produced by a given dose of an article upon each person are separately expressed, great care being observed not to confound the results obtained by the administration of different doses to the same or to different individuals. The results are contained in the work above mentioned. It contains the experiments made by the Society upon the effects of *nitre*, *cherry-laurel water*, *water of bitter almonds*, *valerian*, *serpentaria*, *arnica*, *mustard*, *camphor*, *musk*, *castor*, *St. Ignatius Bean*, *assafetida*, *opium*, *digitalis*, *iodine*, &c. Now, on comparing the results of these experiments, which have universally been received as in the highest degree worthy of confidence, we find that they bear no resemblance whatever to those laid down by Hahnemann, Jahr, and the authors of

this Manual, as produced by the same articles. Those who wish to run out the comparison, may consult the tenth volume of the American Journal of Medical Sciences (p. 150), where a synopsis of Joerg's experiments will be found. No candid person can rise from making such a comparison without a full conviction that the whole homœopathic materia medica, like the portions already acknowledged to be so, have been "forged" after the manner of Heyne, Hoffbauer & Co.

But to return to the work in hand. We should like to be informed on what ground the authors, in compiling this work, have selected some symptoms and rejected others, all of which rested on the same foundation. They cannot plead in defence that they have given those which are most essential, since they insist upon the necessity of "looking at the totality of the symptoms both in the drug and the disease." If this is necessary then the "totality" must be given, and they become false guides to the practitioner.

As to doses, they recommend "the higher forms of the medicines, as these in a majority of cases will be found sufficient. Should such milder preparations prove inadequate, it will be safer to resign the treatment to more experienced hands"!

Under "Lachesis" we find a long catalogue of symptoms. This stands for the poison of the "lance-headed viper" (*trigonocephalus lachesis*), obtained by pressing the small sacs contained in the upper jaw of these reptiles. It seems that we are indebted to Dr. Herring, of Philadelphia, for the introduction of this elegant medicine into use. The fears, however, which we might otherwise entertain of its violent effects, are in a good degree allayed by the following remark of Jahr in his "Posology," p. 222. "The poison of the lance-headed viper, as well as the rattle snake, has this in particular, *that it may be swallowed without inconvenience.*" We therefore look for brilliant achievements with the viper poison.

Reader! dost thou wish to be still more enlightened as to the *pathogenic* effects of various remedies? Take we then common carbonate of magnesia. Messrs. Curtis & Lillie, in the plenitude of their editorial authority, have expurgated much of the romance which we find in Jahr under this article, such as its effects in "producing many and anxious dreams, with talking in sleep," "spasmodic tension in the *middle* finger-joints," &c.; but even yet, for our consolation, we are told that it will produce "somnia, gluing of the eye-lids," "black spots before the eyes," "hardness of hearing," "*dry* coriza! which allows breathing by the mouth only," "*constipation*!" "fits of *tearing* in the shoulder," and "stiffness of the *nape of the trunk*!" Such are a few of the marvels which we are to believe simple magnesia will produce on a person in health. What, then, can it not do in disease? Why, of course, it will cure these very symptoms, that is, if there is any truth in homœopathy! Carbonate of soda is also a most wonderful drug—it acts on every organ in the body and in every possible way. It produces, we are told, an "insurmountable desire of sleeping by day, with late sleeping at night, and *late waking in the morning*!" "lively dreams," "despondency,"



"disquietude, with fits of anguish," "dislike of society," "hypochondria," "easily frightened," "*weakness of intellect*" (this is doubtless on the *similia similibus* principle—like doctor, like patient). *Nutmeg* has generally been considered as a very good stomachic and cordial; but how horrified will many be to learn that it will cause "malignant fever with putrid and bloody diarrhœa," "shooting, tearing toothache," "bloating of abdomen," "double tertian fever," "hoarseness and catarrh," &c. By the way, there is another singular circumstance, which we have noticed in running our eyes over this work; there appears to be but very slight correspondence between the *curative* and *pathogenetic* symptoms, which ought, according to homœopathic doctrine, to correspond. That is, the symptoms which any medicine causes, it ought to cure. Now, if we turn to "*Sarsaparilla*," we find the pathogenetic effects as follows.

*Pathogenetic.*

"*Scabs on face; continual nausea, with unavailing desire to vomit; cold feet.*"

*Curative.*

"*Gouty pains, with diminution of urine; constipation, with frequent desire of urinating; gravel.*"

Now we are at a loss to see what correspondence there is between these two sets of symptoms. According to the homœopathic hypothesis, if *sarsaparilla* causes "scabs on the face," it ought not to cure "gouty pains;" if it causes "nausea," it should not relieve "constipation;" nor is it easy to see how its power of causing "cold feet" acts in the removal of "gravel." Where is the *similia similibus* in all this? The same want of correspondence runs through the whole book. Moreover, if the homœopathic theory be true, we cannot see the necessity of recording two sets of symptoms; for as the medicine must necessarily *cure* those which it will produce, it certainly can only be necessary to state the latter. But unfortunately, we find, on examining, that in nine cases out of ten, the symptoms which the medicine is represented as capable of curing, bear no resemblance to those which it causes!—another fact to prove that the cures are effected by the efforts of nature, and that the medicine has no agency whatever in the matter.

But while poor *Sarsaparilla* is turned off with four lines, "*Sepia*" claims three and a half pages. We should like to know of a pain or an ache which this article is not said to produce, whether moral or physical. We pity the man, whoever he was, on whom the experiments were made, and these thousands of symptoms wrought out. The torture of the inquisition, the bastinado, the rack, were mere child's play, compared with what this poor devil had to endure. Messrs. Curtis & Lillie do not deign to tell us what doses of cuttle-fish juice sufficed to produce these terrible effects; but Dr. Herring, in his preface to Jahr's "*Manual*," states, that the experiments were made with the "small doses" (i. e., the infinitesimal!). It seems, however, that the patient, who submitted to the trial (was it done in punishment of some State offence, as criminals are sent to the Bohon Upas tree, of Java, or was it done for the pure love of martyrdom?), felt "a burning pain in all parts of the body," "a jerking in his limbs, and twitching in his muscles," "restlessness and

throbbing throughout the body," "hysterical weakness and fainting," "excoriation in his joints," "frightful dreams," "sadness," "anguish," "disgust at life" (no wonder!), "giddiness, with the feeling of a ball in the head," "sick headache," "inability to open the eyes," "drawing and tearing," "head bursting open," "trembling and shocks," "moist scabs," &c. &c. &c., every organ in the body being the seat of the most excruciating anguish, represented by such terms as "cutting," "rending," "drawing," "burning," "tearing," pains, and this through six mortal pages. Whether the man survived, we are not told; but, for our part, if the book is true (and, as Matthews used to say, "What 'll you lay its a lie?"), we believe that to have wrought out the results therein recorded, must have used up more men than the thirty years' war in Germany. Now, we had no idea that this "cuttle-fish juice" was such a concentration of lightning, as it turns out to be. Why, it has generally been supposed by naturalists, that the fish was armed with this inky fluid, for the purpose of ejecting it in the face and eyes of its pursuer, and then escaping in the darkness it has created; but if it causes as many ailments among the finny tribe, as it seems to do in the human family, then we may regard the cuttle-fish as armed with a more formidable weapon of offence and defence, than any other animal in the realm of nature!

Pass we on to "*Silex*"—an article, certainly, we should not, *a priori*, suppose to be very formidable. A glance at Messrs. Curtis & Lillie's four pages of symptoms will dispel this illusion, and these are but a small portion, as usual, of those contained in Jahr. Passing over all the others, we will merely quote some of the symptoms which flint-stone is said to cause in the extremities:—"tearing in arms; paralytic weakness in arms; whitlow; weakness and stiffness in fingers; pressure, tearing and shooting in muscles of thighs; boils on thighs; tearings in knee; cramps in calves; cold feet; swelling of feet; fetid sweat of feet; *ulcer on great toe*"! What a miracle that we escape so many evils, seeing that we all swallow, daily, more or less *silex* in the water which we drink!

*Hellebore* must be a singular kind of drug, according to our authors, for while it causes "dozing," "silent melancholy," and "deep-colored urine," it *cures* "burying head in the pillow"!—p. 58.

Such is the learned trifling in which men will indulge who have either thrown aside their common sense, or never had any. On looking over Jahr's "New Pharmacopœia and Posology" we find he gives a list of, and describes, three hundred and ten different articles, one hundred and ten of which, he says, "are not yet admitted into treatises on materia medica, though they have been placed in the German Pharmacopœias." The fact is, we suspect, that these one hundred and ten belong to the "imaginary pharmacopœia" manufactured by the celebrated writers of fiction, Messrs. "Heyne, Hoffbaner & Co.," most of which the compilers of the "Epitome" have omitted. They give us only one hundred and three different articles, though Jahr in his "New Manual" gives us two hundred; and, what is remarkable, *all* these, with the exception of two or three, are used in the common practice of medicine. To carry out the humbug, *a la Hoffbaner & Co.*, a list of antidotes is paraded in



the front of the book, for the purpose of "controlling or destroying the effects if the medicine be so powerful as to require interference." But we are told that it is all-important that "the agent employed should hold a strictly homœopathic relation to the case. A *seeming* exception to this rule is indeed to be found in instances where the deleterious agent has been swallowed in doses, *so large* as to require evacuants or chemical re-agents—this practice, in conformity with the generally misapplied, yet sound rule, 'tolle causam,' is never neglected by the RATIONAL physician, but it should be borne in mind that the *dynamic alterations* produced by drugs, almost always require subsequent treatment which should be purely homœopathic"! It is unnecessary to say that the "removal of the cause," constitutes no part of the homœopathic treatment, for Hahnemann has laid down the principle which has been adopted and acted upon by all his disciples, "the physician has nothing more to do than destroy the totality of the symptoms, in order to effect a simultaneous removal of the internal change—that is, to annihilate the disease itself."—(*Organon*.) Messrs. Curtis & Lillie, however, violate this principle when they direct "evacuants or chemical re-agents" in cases where *large* doses of a deleterious agent have been swallowed, for these must, as a matter of course, act upon the principle of "*contraria contrariis*," and not of "*similia similibus*." But we are to consider this, it appears, as a mere "seeming exception," and not a real one; it is all on the principle that *like* cures *like*! If an *emetic* is given to remove a poison from the stomach, the *hydrated per oxide of iron* as an antidote to *arsenic*, or *chalk* to neutralize some of the *mineral acids*, we are to believe that these are only "*seeming exceptions*" to the rule *similia similibus*, and not real! But if there are instances of the removal of drug diseases on the "*contraria*" principle, as all must admit, then why may not natural diseases be cured in the same manner? But there is no use in attempting to reason this matter with those whose infinitesimal supply of common sense has been swamped in the stagnant fens of "*similia*"—these men have only room enough in their crania for *one idea* at a time, and as long as this one has a location there, there is no use in undertaking to crowd in others. If our Siamese-twin compilers are not in this predicament, and entirely under the influence of a false theory, they could see, if they have any practice, which we much doubt, that they have to go continually against their rule "*similia*," and yet have not wit enough to perceive it. Passing by poisons and their antidotes, the operation of which is opposed to their rule, how do they act in case of fracture, or rupture of a bloodvessel? In the first instance do they not act *contrarily* to the morbid symptoms of *mobility* by applying splints to the limb, in order to ensure to it the opposite state of *fixity* and rest? If an artery had been severed, would they not tie it up and oppose the hæmorrhage, according to the rule "*contraria*"? or would they take measures to increase it, according to "*similia*"? And thus Hahnemann himself violates his own principle on every page, for besides recommending "antidotes to several poisons; alkalies against mineral acids; liver of sulphur against metallic poisons; coffee, camphor and ipecacuanha against poison by opium," &c.,

he remarks, "in urgent and dangerous cases, or in diseases that have just broken out in persons who were previously in health, such as asphyxia by lightning, suffocation, freezing, drowning, &c., it is proper, in the first instance, at least, to reanimate the feeling and irritability by the aid of palliatives, such as slight electric shocks, injections of strong coffee, stimulating odors, warmth," &c.—thus acting *contrarily* to the morbid state by stimulants, and in the most direct manner, producing an opposite state, according to the rule "*contraria*." Rau, a somewhat celebrated homœopath, has honesty enough to confess this, for in his 59th proposition, he says, "The salutary effect obtained by means of *antipathic remedies*, in asphyxias, ought to encourage us to administer them in other analogous cases, in *preference to homœopathic remedies*, in order to provoke at first a re-action." But we have not space to dwell on this part of the subject; the reader can draw his own conclusions as to the honesty of the reverend compilers, one of whom, at least, was but lately employed in dealing out infinitesimal doses of theology, to a congregation of allopaths.

We are aware that we have devoted much more space to this starveling compilation than it deserves; the only merit it has, is that of showing that Jahr's "Manual" is a poor affair, and not to be depended upon. There is one remedy which we are somewhat surprised to find omitted by our Castor and Pollux, as it is one which they have the reputation of having employed in some cases of deficient animal heat—we mean "*cutis orium*," vulgo *sheep skin*. In a case of paraplegia, which, by accident, fell under the treatment of our compilers, it was recommended, we are told, to purchase a *flock of sheep*, keep them in a yard adjacent to the sick man's house, and occasionally flay one of them alive, and wrap the extremities in the warm envelope. The prescription was followed, the sheep were procured, and thus the principle of "*similia*" carried out; for it appears to have been "*like*" all round. None can doubt of the application so far as the *prescribers* were concerned, and the patient must certainly have possessed similar *sheep-like* qualities to have submitted to the remedy.

#### SLEEPLESSNESS.—MR. GOURLAY'S CASE CONTINUED.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—You have heard of my sleeping two hours; and wish, for publication, a detail of circumstances, which I now furnish.

June 16, the British steamer being to sail, I was employed from daylight till noon, writing and despatching letters. Ten minutes past 12, the last was mailed. I then ran to a newspaper office, purchased the paper of that day, and mailed it also.

By this time the President of the United States was approaching; and I stood, in heavy rain, till the procession had passed the post office. After that, I was engaged with business till near two o'clock,—sometimes in, sometimes out of doors, and got drenched. Returning home, I put off my wet clothes, and went to dinner at half past 2 o'clock. About 3 I retired to my bed-room; sat down to read, having pulled off my coat



and boots, but, in a quarter of an hour, was overpowered with drowsiness; flung myself into bed, under the coverlid; immediately became warm; perspired; and, soon after, slept, soundly and certainly! Awakening, I deemed it, for a few minutes, morning; rejoiced that the weather looked propitious for the Bunker-hill celebration; but, feeling my clothes, became undeceived; started up; looked from my window to the Old South, and saw by the clock that it was half an hour past 5, P. M. In fact, I had been in the land of Nod, as near as may be, the time above named.

One of the newspapers, with the too customary practice of misrepresenting, reported that I had "*been caught napping*,"—but, this statement was immediately conveyed to my fellow boarders, and is perfectly correct. Some inquired if I felt refreshed; but no perceptible effect was produced; and the occurrence has, in no way, changed my long-established habit. I have not slept since; and, now, that the weather is hot, I have many restless and miserable nights.

"From short (as usual) and disturbed repose  
I wake: how happy they, who wake no more!"

*Marlboro' Hotel, July 15, 1843.*

ROB. F. GOURLAY.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

JULY 19, 1843.

*Diet at the House of Correction and House of Industry, Boston.*—At the House of Correction, three days in each week, boiled fresh beef is allowed; three days, beef soup; one day, baked beef. About 150 lbs. beef, daily, for 300 prisoners; 6 bushels of potatoes, daily, for the same; 20 ounces bread for each prisoner, daily, made of the best flour, with a small portion of Indian meal. Molasses, tea and rye coffee are also used in considerable quantity; pepper, salt, &c. About one half the prisoners are females.

The official who furnished the above, informs us the rule is—that if any one wants more bread than the regular quantity allowed, it is given him. It is a part of an individual's punishment, for disobedience of orders, to be shortened in the allowance of food. The bread is of the very best quality. The beef, also, is of the best character—and, in fact, so is all the food provided in the institution.

All experience teaches that men can be easily governed when they are well fed. The hungry are prompted by the goadings of an empty stomach, to the worst acts in the history of our race. It is a sad mistake that the convicts in many of the penitentiaries of this country are kept at that exciting point of hunger which changes man into a devil in feeling and a brute in conduct.

At the House of Industry: Dinners—Sunday, boiled rice and molasses; Monday, beans, baked or stewed, and pork; Tuesday, beef and soup, vegetables, and white bread; Wednesday, baked beef, vegetables

and white bread; Thursday, beef and soup, vegetables and white bread; Friday, saltfish, vegetables and white bread; Saturday, beef and soup, vegetables and white bread. Breakfasts, tea or coffee, and white bread. Suppers, chocolate and white bread. The diet of the sick is regulated by the medical attendants.

No rebellions are to be apprehended in the Boston Almshouse, like that which lately occurred in the poor house in Liverpool—because the appetite is satisfied. A story is abroad of an Irish pauper at South Boston, who wrote home, advising his relatives to come out to this establishment immediately, as they had “*meat twice a week.*” We regard the moral and dietetic regulations of the city’s institutions for prisoners and paupers, as superior to those of all other cities or towns in the United States.

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*Publications of the Massachusetts Medical Society.*—The following article is copied from the Daily Advertiser. The writer is believed to be correct in the matter, from the opportunities he seems to have enjoyed for knowing the particulars. We re-publish the article most cheerfully, for two good and substantial reasons, viz.: first, to correct an error; and secondly, to diffuse the information it contains among medical readers—as many Fellows, in common with ourselves, have labored under the mistaken idea that some of the Society’s re-prints had been seen in this country, and even found their way into both public and private libraries, before they were incorporated into the series to which this paper refers. We certainly have no ill will towards individuals, touching the subject, although somebody is evidently very much nettled, apparently supposing himself the embodiment of the whole Massachusetts Medical Society.

“Mr. Hale,—It has been the pleasure of the editor of the Boston Medical and Surgical Journal repeatedly to speak disparagingly of the publications of the Massachusetts Medical Society; with how much justice may be seen from the following statement. In his paper of July 5, speaking of that excellent practical work, ‘Ashwell on Diseases peculiar to Females,’ he says, ‘One of the best recommendations of the Massachusetts Medical Library is that their books are well printed. The antiquity of the matter, or the manner in which most if not the whole thirteen volumes have been anticipated by enterprising publishers, has nothing to do with these remarks.’

“Of the thirteen volumes, ten are made up, eight wholly and two in part, of works not before printed in this country; and four of these were original works, so far as publication in the English language is concerned. Another volume (besides the ten) had only been re-printed from an early English edition many years ago, while that in the ‘Library’ is from a late edition, carefully revised by the author, with much new matter, embodying the results of twenty years’ additional experience; thus giving it much of the character and value of a new work. Neither of the remaining four works (for the first two volumes of the Library contained each two separate treatises) had been extensively circulated in Massachusetts. So much for these publications being *anticipated*. As to the works themselves, if the value, to practical men, of such books as the writings of Abernethy, Pearson, Brodie, McKenzie, Louis, Copland, Collins, Green and Ashwell, is to be estimated by the style in which they are printed, then it will be difficult to say what medical book is to be esteemed for its intrinsic merits.”



*Acta Regia Societatis Medicæ Havniensis.*—Dr. Otto, of Copenhagen, has politely forwarded the three last volumes of the transactions of this medical society, in the last of which is a catalogue of the honorary, corresponding and ordinary members, their residences and official relations. Only a few American names are to be found in this list of illustrious persons. Some of the articles evince enlarged views, and a minute acquaintance with the best remedies known to the best practitioners in all parts of the world. It is particularly unfortunate that so little is known of the Danish language, especially in this section of the Union, that the medical journals from that country are, to all intents and purposes, a sealed book. Occasionally a Danish sailor is to be met with, but he is wholly ignorant of the duties of a translator, and perhaps even the first rules of grammatical construction. Rich as may be the literature of Denmark, we are almost in utter ignorance of its present character or progress, with the single exception of the great work on the Anti-Columbian History of America, by the celebrated Professor Rafn—a monument to the fame of the antiquaries of the North, as enduring as the Latin in which it was in part composed. We have little or no acquaintance with the medical science of Denmark; and although Dr. Otto's Journal, *Bibliothek fur Læger*, is regularly transmitted, the articles, like some flowers, bloom unseen on this distant shore.

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*Editorial Annoyances.*—If the conductors of newspapers and literary periodicals encounter as many difficulties in satisfying all their readers as a medical editor, they are to be commiserated. We receive many hints in a year of the course that would please the public, increase our patronage, and answer the just expectations of the medical community. If we would only meekly submit to the dictation of an experienced friend, who knows just what the age requires, there would be a heaven upon earth, so far as he was concerned. But by carefully watching the phases of the times, we have discovered that these kind advisers, anonymous critics, assassin paragraph-makers, and nameless letter writers, have their faults also, and their weak points, too—such as a predominant self-esteem, self-interest, and an inkling to meddle with the affairs of others, to the neglect, frequently, of their own. Under all these circumstances, we feel justified, for the present, in doing as well as we can on our own responsibility.

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*Secret Medicines.*—One of the fundamental laws of the Massachusetts Medical Society, is that no one belonging to the association shall prescribe secret remedies, or, in other words, countenance nostrums, under any pre-text whatever.

An intelligent fellow of the Society suggests that there are some who have been admitted into fellowship, who openly violate this regulation. It is but little more than a year since Dr. Starkweather was arraigned for a misdemeanor of that sort, which was viewed with surprise, and the case finally disposed of very much as the transgressor had reason to expect. Now if it is the fact that any members are thus openly placing this regulation at defiance, on which the character and respectability of the Society very much depends, it is charitable to suggest that they are ignorant of the law, and whenever apprised of the line of duty, will cheerfully follow it.

*A Remedy for all Diseases.*—A silly book is extensively circulated in New England, bearing this title, viz. : “ *The use of Brandy and Salt, as a remedy for various internal as well as external diseases, inflammation and local injuries ; containing ample directions for making and applying it—explained by the Rev. Samuel Fenton, M.D., of Liverpool,*” &c. In the manner of all new specifics, however, this cures too many maladies. It is like a nursery-maid’s breath—blowing either hot or cold, according to circumstances. The author must have felt himself to be a knave when he wrote this precautionary paragraph for the guidance of his disciples—“ To insure success, it is absolutely necessary, that, during its application, whether internally or externally, the patient should strictly abstain from all stimulating drinks, except the brandy and salt ” ! Of all devices for making drunkards, this brandy scheme will prove to be as direct as any known to dram sellers. If the Washingtonians are not vigilant, salt—a very little in considerable brandy—will become a popular medicine for quieting the morbid cravings of stomachs already injured by stimulating potations.

The book appeals at once to the limited understandings of those who are always ready to dose, whether necessary or not. This salt and brandy cures, positively, if the Rev. Dr. Samuel Fenton is to be believed, “ bites of mad dogs, erysipelas, tic douloureux, scrofula, scurvy, itch, ring worm, paralytic attacks, inflammation of the eyes, inflammation of the brain, deafness, intermitting fevers, cholera, rheumatism, gout, gravel, burns, insanity, cancers, worms, consumptions, asthma, dysentery, sprains, plague, cuts, abscesses, lumbago, liver complaints and affections of the heart, yellow fever, gall-stones, indigestion, spinal complaints, indurated tumors, piles, cholera morbus,” &c. &c. The Rev. author expressly says, “ that pregnant women ought to take one table spoonful, diluted with hot water, once a week or fortnight, but not oftener, during their pregnancy. It renders the child more healthy, and the delivery is effected with greater ease ” !! Yet it is so exactly adapted to the minds of a certain class of men and women, who forsooth imagine themselves as wise as serpents, that a prodigious deal of mischief is already being done by this paltry publication. What can be done to circumscribe its base influence ? If active measures were adopted, the cry would be that the physicians are monopolists, and ten would be sold where one is now. That there are persons weak enough to be influenced by such a catch-penny publication, in the city of Boston, is extremely mortifying, although it is true there is a host of them.

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*Franklin Medical College.*—Much to the astonishment of those who already cry out loudly against the multitude of medical schools in the United States, another, bearing the above name, has sprung into being in the town of St. Charles, Illinois. Geo. W. Richards, M.D., is the Professor of Anatomy and Physiology ; John Thomas, M.D., Professor of Chemistry and Pharmacy ; John De Lamater, M.D., Professor of Surgery ; Ed. Mead, M.D., Professor of Materia Medica, Therapeutics and Pathological Anatomy ; Nicholas Hard, M.D., Professor of Obstetrics, Diseases of Women and Children, and Medical Jurisprudence ; Samuel Denton, M.D., Professor of Theory and Practice. Eighteen physicians constitute a board of curators, says Dr. Lawson’s Journal, who have the privilege of being present at examinations, and, with the faculty, have power to pass



judgment upon the qualifications of the candidates. Medical education is now a cheap affair:—scores in the practice of physic and surgery, would have been successful farmers and artisans, who are miserable practitioners—suffering from neglect, ill success and mortification. They wonder how it happens that they are not as thrifty as some of their rivals. The fact is, the community has discovered the secret that they possess neither genius, tact or education for the place they vainly struggle to maintain in society.

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*New London Medical Society.*—In 1793 an association was formed bearing this title, which flourishes to the present moment, with undiminished vigor. A pamphlet containing the by-laws has made its appearance recently, which is one of the neatest and most convenient pocket memoranda of the medical things of a whole county, we have seen for a long time. The following is a list of minimum fees, established by the physicians of Norwich (Ct.), above the county rate:—

Advice, verbal, 50 cts. ; ordinary visit, 75 ; visit in the night, \$1,50 ; consultation, \$1,50 ; succeeding visit in consultation, \$1,00 ; introducing catheter, first time, in male, \$1,50 ; do. do., in female, \$1,00 ; each succeeding time, \$1,00 ; simple fracture of leg or arm, \$5,00 ; do. of the thigh, \$10,00 ; dislocation of the shoulder, knee, or ankle, \$5,00 ; do. of any of the smaller joints, \$3,00 ; amputation of finger or toe, \$5,00 ; do. of the breast, \$30,00 ; extirpating polypus from the nose, \$5,00 ; paracentesis abdominis, \$10,00 ; operation for hydrocele, \$10,00 ; do. for hernia, \$30,00 ; do. for fistula perineo, \$12,00 ; do. for lachrymalis, \$10,00 ; Obstetric case, common, \$5,00 ; labor, with instruments, \$10,00 ; vaccination, \$1,00 ; ride per mile, over two miles, 25 cts. ; bleeding at office, 50 cts. ; visit and bleeding, \$1,00 ; extracting tooth at office, 50 cts. ; visit and extracting tooth, \$1,00.

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*Syrup of Sarsaparilla.*—We have several times called the attention of our readers to the concentrated syrup of sarsaparilla manufactured under the direction of Dr. Corbett, of Shaker Village, N. H. An advertisement will be found in its proper place, in the Journal of to-day, containing a more particular notice of the article, with recommendations from those who have made long and thorough trial of it. Those who have not yet made use of this particular form of a valuable medicinal agent, will do well, at least, to prove its virtues ; and they can now find it at most of the druggists through the country.

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*Successful Case of Lithotomy.*—In the Sangamo Journal, published at Springfield, Illinois, the following account is given of an operation for the stone, at Hillsboro', on the 19th ult. by Wm. D. Herrick, M.D., on a boy between three and four years old. He extracted from the bladder of the little sufferer, a stone measuring nearly four inches in circumference *lengthwise*, and near two inches in circumference across, being a shape similar to the thumb of a large man. Perhaps no operation of the kind was ever performed with more satisfactory results—not a tablespoonful of blood was lost in the operation—and now, after several days, the patient presents the most flattering prospects of a speedy recovery.

*Medical Miscellany.*—Dr. Chamberlin, of Cincinnati, has invented an instrument for the excision of the tonsils, that is well spoken of. The cutting blade is projected from the operator—and the knife, instead of being circular, is lancet shaped.—An excellent article appeared in the June No. of the *Western Lancet*, on the *legal accountability of medical and surgical practitioners*.—The next medical convention in Ohio is to be held at Mt. Vernon, on the fourth Tuesday of May, 1844.—A cancer doctor in France, Beauvoisin, who professed to cure, without the knife, has been condemned to two years' imprisonment and a fine of forty dollars, as guilty of obtaining money under false pretences.—About seventy students attended medical lectures at Hampden Sidney College, Richmond, Virg., last year.—Messrs. Lea & Blanchard have published "*Surgical Operations performed under the influence of Mesmerism*, by Dr. Elliotson, of London."—A treatise on the diseases of children, by D. F. Condie, M.D., and a Medical Formulary, by Dr. Carson, of Philadelphia, are in a state of preparation for publication.—In 1838, the illegitimate births in Munich exceeded the legitimate by 270! In the city of Vienna, in 1836, the legitimate births were 1 in 2.24.—In Austria there is a police to inspect all the food offered for sale. They have also, according to Wilde, the power to inspect houses, lodgings, &c., to ascertain whether they are in good condition; and they likewise prevent quacks and unlicensed venders of medicines from itinerating through the country.—A child died in Rochester, N. Y., in consequence of eating the ends of phosphorus matches. When examined the next day, smoke escaped from the bowels—an evidence of combustion having been maintained there a short time, at least.—French bean leaves applied to corns, on retiring to bed, followed up for a week or two, are said to be wonderfully efficacious.—Dr. John M'Kelway has been removed from the office of post master at Trenton, N. J.—Smallpox has appeared at North White Creek, N. Y., causing, very naturally, considerable alarm.—Yellow fever has been developed at Merida, Yucatan, according to the latest intelligence.—Dr. Boardman, of Hartford, died on the 25th ult., in consequence of taking creosote into his mouth for the cure of toothache.—Low fever, influenza and colds, are very prevalent, particularly the first disease, in Glasgow, at present.

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TO CORRESPONDENTS.—Dr. Slack's paper on the Spleen, and Dr. Thurston's case of Strangulated Intestine, will be inserted next week.

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MARRIED,—In Forestville, N. Y., Gilbert W. Hazeltine, M.D., of Jamestown, to Miss Eliza C. Boss, of the former place.—At Hartford, Conn., Edward D. Babcock, M.D., of New Britain, to Miss Julia Spencer.

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DIED,—At Geneva, N. Y., Edward Cutbush, M.D., for many years chief surgeon in the U. S. N.—At Sandwich, U. C., Dr. John Hyde, accidentally drowned by the upsetting of a skiff. He was greatly respected, and his untimely loss exceedingly deplored.—At New Haven, Conn., Dr. Josiah F. Hunt, 43.

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Number of deaths in Boston, for the week ending July 15, 34.—Males, 18—Females, 16. Stillborn, 5. Of consumption, 1—infantile, 1—marasmus, 1—teething, 2—apoplexy, 1—cholera infantum, 1—fts, 3—old age, 4—cancer, 1—dropsy on the brain, 3—hooping cough, 1—disease of the spine, 1—scarlet fever, 2—dropsy in the head, 1—lung fever, 2—influenza, 1—intemperance, 1—croup, 1—child-bed, 1—inflammation of the bowels, 1—poison, 1—smallpox, 1.  
Under 5 years, 19—between 5 and 20 years, 3—between 20 and 60 years, 7—over 60 years, 5.



*On the Removal of Calculi from the Bladder of the Horse.* By Mr. MOGFORD, V. S.—My attention has been arrested by an article in your number for January on lithotomy; a few observations on which, as they are the result of my own experience, will not, I am sure, give offence to that justly respected operator, Mr. Field. I cannot forbear from again expressing my surprise that, in operations of this kind, veterinary surgeons do not make use of the means so peculiarly accessible to them, viz. inverting the bladder through the rectum. Mr. Percivall has very kindly noticed my mode of operation in the third volume of his Lectures and the second of his Pathology.

I first extracted a stone from the bladder in this way in the year 1820, and the case was published by Mr. White in 1824. No operation could be more simple or less exposed to dangerous consequences. There was no inflammatory symptom whatever, and the horse was soon after hunted. In fact, all that is required is a scapula and a probe-pointed bistoury, for the arteries are easily avoided without any guide.

In proof of my assertion I may state that I have more than once introduced a stone into the bladder, and extracted it in the same way.

About two years ago I introduced, by way of experiment, an egg into the bladder of a mare, and extracted it again whilst she was in a standing position. As this was done in a private manner, I thought it advisable to have witnesses. I therefore introduced the egg into the bladder again, and left it there until the following morning, when I found that the bladder was full to bursting, as the mare was afraid to stale.

At my request, three medical gentlemen of this island kindly accompanied me the next morning to witness the operation; but being puzzled by the fulness of the bladder, and having no catheter at hand, I introduced, as a substitute, the nose of a bellows, which answered the purpose pretty well, although the large quantity of water in the bladder retarded the operation. Notwithstanding this, however, the operation was performed within a minute, and without breaking the egg, although the shell had been considerably softened by the action of the acid of the urine. In order to put the whole matter beyond a doubt to the spectators, I again introduced the egg. The mare was then killed, the bladder taken out, and shown to them with the egg in it.

There is some degree of tact required in the operation, the want of which has probably, on many occasions, prevented its adoption. When the arm is first introduced into the rectum, the animal forces against it in order to expel it; the arm must remain quiet, until the struggles have ceased, when the operator may proceed without difficulty. If the finger should not be sufficiently long to reach the neck of the bladder from the opening, the latter may be pushed towards the finger from the rectum.—*Veterinarian.*

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*Treatment of Vascular Nævus.*—Prof. N. R. Smith, of Baltimore, has devised the following method of treating vascular nævus. He saturates a thread with a saturated solution of caustic potash. This is dried by a fire, and a needle being armed with it, the base of the tumor is transfixed with the needle, and the thread quietly drawn through the part. This is repeated in different parts of the tumor. Dr. S. states that he has now under care a case treated by this plan, and the tumor is rapidly wasting, without any distressing symptoms having occurred.—*Maryland Med. & Sur. Jour.*

## EMPLOYMENT OF WOMEN AND CHILDREN IN AGRICULTURE.

THE story of the two knights who quarrelled about the metal of the shield before which they severally stood, is but a type of the difficulties which embarrass human evidence. The shield was gold on one side, and silver on the other, so that each doughty horseman saw a different sight, and did but contend for the evidence of his own senses. Just so it is with the ordinary controversies of life; the most faithful witnesses can but tell what they have seen, and perfectly different spectacles have been represented on their retinae. Besides which, the eye is under the guidance of the mind, and if the same general scenes are spread before it, different points are selected by different observers; a Rembrandt and a Rubens do not see with the same eyes, any more than they paint with the same brush.

The celebrated picture of the happiness of a country life, in the Georgics, and the painful descriptions of agricultural destitution in more prosaic writers, are quite reconcilable, when we consider that the Latin poet drew the small farmer, and the prose historians his half-starved drudge.

The pauper's funeral, given with hard fidelity by Crabbe, depresses the reader's mind. Not so the picture where Poussin has represented a dance of nymphs and their swains, near a monument bearing the inscription *ego quoque lusi in Arcadia*.

However similar objects may be, nay, if they are absolutely identical, they become different when viewed through the tinged lens of different spectators. To some melancholy Jaques the county of Hampshire may seem a huge mass of discontented husbandmen, who feed the bacon which they must not eat; to Miss Mitford it is an Arcadia of happy faces, where the very Doricisms are delightful.

The rustic gallantry, too, which has ever been the accompaniment of hay-making, is viewed in a different light by the withered critic, and the genial poet of the Seasons. But however opinion may differ on these points, there is one on which it is unanimous. Husbandmen, the most useful members of society, are everywhere, as far as regards the reward of their labors, at the bottom of the social scale. In some countries they are still serfs, in others but lately emancipated from serfdom; but throughout Europe their state is so little raised above that of villenage, that no-



thing but the main force of the law, nothing but wisdom guided by benevolence (the two are, perhaps, one) can save them from sinking into this slough of despond.

In England the system of prædial bondage died out in the reign of Elizabeth; in some of the mines of Scotland, it existed, as we learn from Walter Scott, as late as the middle of the last century. In Franche-Comté, according to Voltaire, it not only existed, but, by an incredible refinement of absurdity, the cultivation of certain farms imposed the state of villains on those who were previously free; so that while the touch of our British soil gave freedom to the slave, the cultivation of this wretched country deprived the husbandman of the birthright of the human race.

In Prussia the emancipation of the bondmen did not take place till 1807. Even before the battle of Jena thinking men had seen that villenage was one of the great causes of the weakness of the Prussian monarchy. It had been denounced by Frederick the Great as a "*gestion abominable*;" but it was not until the kingdom had fallen at the shock of a single battle, that Stein, the statesman who then conducted the destinies of Prussia, determined to heal this devouring ulcer.

Yet in all these countries, even in England itself, the rustic population is prevented from sinking back into serfdom, rather by the benevolent interference of the educated classes, than by any dogged spirit of resistance in the husbandmen themselves. Were the matter left entirely to ploughmen and petty farmers to settle between them, without the interference of the law, or the criticisms of public opinion, our half-fed cottagers might too often sell their birth-right for a mess of pottage. As it is, the condition of our farm apprentices approaches far nearer to that of slaves or serfs than it is pleasant to acknowledge.

By the French Code, indeed, no contract is valid by which a man barters away his liberty; and it is to be hoped that should a fit occasion arise, our common law would be interpreted in a similar spirit.

These preliminary reflections have been called forth by the late reports of the special Assistant Poor-Law Commissioners, on the employment of women and children in agriculture, now lying before us.

These Commissioners were four in number, all barristers; and they were directed to inquire into the sorts of labor at which women and children are employed in agriculture; the wages which they receive; the hours of work; the age at which they begin to work; and the effects which their occupation produces upon their health, as well as upon their opportunities for obtaining school instruction and religious education; and they were also desired to investigate the condition of the children of agricultural laborers apprenticed by parish officers.

The four Assistant Commissioners examined into the state of twelve counties; and as their time was limited to thirty days, it is obvious that much of their information must have been picked up at a canter. Yet, in spite of this disadvantage, their reports read like the compilation of sensible men, not very deeply tinctured with Malthusian fantasies; and some part of it will be a novelty, not only to the natives of the *pays de*

*cocagne*, but even to the home-bred rustics. Mr. Alfred Austin, whose report stands first in the book, took the counties of Wilts, Dorset, Devon and Somerset ; and in order not to fritter away his time in forced marches over so large a space, he confined himself to two districts in Devonshire, and one in each of the remaining counties. The wages of women who work in the fields vary, in general, from 7d. to 1s. a day in these counties ; though rates above and below these are mentioned. For this slender stipend they work from 8, A. M. to 4, P. M., in winter ; at other times, from 8 to 6, and in the hay-harvest from 6 to 6.

The effect of out-door farm labor on adult women appears to be favorable to health. Mr. Austin did not meet with an instance of a woman complaining of its being injurious.

" Sometimes such work, particularly in the hay and corn-harvests, was represented by women who performed it as being laborious, as making them stiff at first, or even as straining them ; but I did not find that any woman, from her own statement, had become subject to any permanent disease or infirmity from the employment in question."

There is a good deal of evidence, however, scattered up and down these reports, to show that field-work demoralizes women, or at any rate, girls. Woman is a domestic creature, and a mother does more service to society by tending her children, and going through the details of her little household, than by mowing grass or hoeing turnips. On the Continent, where the employment of women in field-labor is even more common than in England, it has always seemed to us that it rapidly destroys the graces of youth, and gives the look of a hard-a-weather sailor to a middle-aged woman. But it is more easy to see the evil than to provide a remedy.

The next question is, how are these laboring women placed with regard to food, clothing and lodging ?

The majority of them are married, and the greater number of the single ones live with their parents. (Mr. Austin says they are " sometimes grown-up daughters, living with their parents.") Hence their earnings are merely part of the aggregate income of the family ; and to know their condition we must learn that of their husbands and fathers.

Now, the wages of the laborer in the district of Wiltshire, visited by Mr. Austin (in the neighborhood of Calne), are from eight to ten shillings a week ; in the Dorsetshire district they are higher ; in the Devonshire one about the same as in Dorsetshire. In the part of Somersetshire visited, they are even lower than in Wiltshire ; but here the laborer has an allowance of three pints of cider daily, which are considered both by master and man to be worth a shilling or fifteen pence per week. Sometimes, of course, the income is beyond this, as when the wife and children add to the common fund ; but, on the whole, the receipts of a laborer are exceedingly small, and his diet low in proportion. Thus, in Wiltshire, the food of the laborer and his family is bread and potatoes, with the occasional luxury of beer, a little butter, and tea. To these are sometimes added cheese and bacon, and near Calne, the entrails, or " in'ards " of the pig. " In more than one cottage," says Mr. Austin, " where the



mother went out to work, or two of the boys were earning, perhaps, 3s. or 3s. 6d. a week between them, I saw a side of bacon hanging against the wall; but nothing of the kind was visible when the only earnings were those of the husband, or the family was numerous and young. Where, from poverty, bacon cannot be obtained, a little fat is used to give a flavor to the potatoes."

In Dorset and Devon matters are a trifle better; but Somerset is on a level with Wilts.

As to lodging, Mr. Austin's account is painful indeed, both physically and morally. Let us hope that, to use the phraseology of the day, he has drawn his induction from too small a number of instances. He says that the want of sufficient accommodation seems universal. Cottages, generally speaking, have only one, or at most two, bed-rooms, so that adults of both sexes constantly sleep in the same room, and not unfrequently three or four persons in the same bed.

At Stourpain village, near Blandford, he found in a cottage, a bedroom, ten feet square, containing three beds, and eleven occupants of them! The father, mother, two infants, two twin daughters, aged 20, and a son aged 17, were among the tenants of this crowded room. In Stourpain, there is a row of laborers' cottages so miserably constructed that they are surrounded by streams of filth from pig-sties, and privies placed a few yards above them. "It was in these cottages that a malignant typhus broke out two years ago, which afterwards spread through the village."

Nor are the moral consequences less grievous than the physical.

If we may believe Mr. Austin, the licentiousness produced by this deficient accommodation has not always respected the family relationship!

In this, as in other matters, much depends on the landlord. Thus, in Studley, the rent of cottages is from £3 to £4 a year, and families are crowded together in the most indecent manner. In Foxton, which adjoins it, the cottages all belong to the Marquis of Lansdowne, who lets them at half that rent, but will not allow more than one family to occupy one tenement at the same time. Each cottage has at least three rooms. In consequence of this difference in the arrangements, says Lord Lansdowne's agent, the laborers at Foxton are a superior kind of people to those at Studley.

We shall continue this subject on an early occasion.—*Lon. Med. Gaz.*

#### SPIDERS DISCHARGED FROM THE EYE.—HYSTERIC MONOMANIA.

By A. Lopez, M.D., Mobile, Ala.

I was requested on the 5th of February, 1840, to visit a young lady, from whose mother I received the following statement. The patient had left the city of Charleston, S. C. (at which place I then was), to visit a friend who resided in the country. On the night of the 29th of January, while conversing in bed, she was sensible that some object had fallen from the ceiling of the apartment, upon her cheek, just below the inferior lid. This

caused her to apply the hand briskly and forcibly in order to brush off, what she supposed to be some one of the many insects so common in country houses, upon which, the friend with whom she slept observed, that as the room was much infested with spiders, it was probable that the object which had fallen was one of them. In the course of the night she was awakened by a feeling of intense pain in *her left eye*, which continued at intervals until morning, when, upon examination, the eye was discovered to be highly *inflamed* and *lachrymose*. Ordinary domestic means were applied, and during the morning feeling an intense degree of itching and irritation, she rubbed the lids together upon the ball and removed *two fragments* which were readily recognized as the *dismembered parts of a spider*. Her alarm in consequence became very great, and was much heightened when the same thing was repeated in the afternoon. She left for home, and arrived in Charleston on the 2d February. During the voyage her mind was much perturbed and under considerable excitement from the event, and when I paid my first visit on the 5th, the date mentioned in the early part of my statement, the following was her condition: the right eye unaffected; the *left*, turgid, inflamed and weeping; and there *had been removed from it, that morning, a spider*, imbedded in a mucous covering. It was entire with the exception of two legs. The two preceding days before I had seen her *three others* had been removed, and were now exhibited to me. I immediately submitted the eye to as close an examination as the irritable condition of the parts permitted, *without being able to discover the minutest portion of any foreign substance*. In order, however, to combat the pain and inflammation, I ordered leeches, saline-antimonial medicines, and evaporating lotions. I thenceforward visited her daily until the 19th, and at *every visit I removed either an entire or dismembered spider from the same eye*. Before proceeding it will be well to mention that during the interval between the 5th and 19th, I invited to an examination of the case, Professors Geddings and Dickson, and Drs. Bellinger and Wurdeman. Dr. Dickson on one or two occasions also removed these objects from the patient's eye. I made, assisted by Prof. Geddings, the most minute scrutiny with a view of discovering, *first*, whether there could possibly exist a nidus within the orbit for these animals; *second*, whether a sac containing their ova was there concealed; and *third*, if any communication between the eye and nose could account for their appearance. For these purposes, the superior and inferior palpebræ were everted with great care, traversed thoroughly with a blunt probe, and afterwards I threw injections around the internal lining, but all to no avail. The anterior and posterior nares were closely examined by strong light, both of the sun and candle, yet we could not perceive the slightest trace of any means by which either ova, insect or nidus could be retained.

The sensations always precursory to their removal were, a sense of burning in the ball, a pricking of the superior lid, proceeding more or less severely around the orbit, until it assumed a fixed pain within the lower lid, upon the eversion of which by myself, if present, or by her mother, in my absence, the spider, always dead, would be discovered enshrouded



in its mucous bed, and removed by means of the finger or probe. I now resume the order of their discharge. From the 19th they were removed *from both eyes*, and so continued until the 23d, when again they became confined to the left, and afterwards *from each eye alternately* until the 5th of March, when a truce was had until the 10th. During this interval the eyes resumed their normal condition, but again on the 10th the inflammation was renewed, and the discharge of spiders recommenced, *the right eye* being now chiefly the depository. Up to this date, during which time my visits were unremittingly made, none other than general observations were kept, but the spider-making power appearing so inexhaustible, a more circumstantial diary was thought necessary.

*March 10th.*—Two spiders.

*11th.*—Two. Pain over right orbital region passing gradually over the frontal sinus to the left. Sharp pricking pains upon pressure.

*12th.*—Previous to my visit, one from the left eye, *which was much less inflamed than the right.*

*13th.*—Eyes much improved in appearance. One discharged since my last visit, and another just previous to my departure this morning. As this discharge served greatly to perplex the views at which I shall arrive before I conclude this paper, it may not be irrelevant to notice it. I have mentioned the scrupulousness with which the eye and its appendages were examined in order to elicit, if possible, any clue by which to unravel this enigma, and the fruitlessness of those exertions. It appears, then, that on the day of this visit (the 13th) a spider was removed before my arrival. A servant was despatched for it to a neighbor's whither it had been sent for examination. Some time elapsed before her return, during which time I sat in such a relative position to the patient as to preclude all possibility of deception, and I had this day, as was my wont at every visit, made a careful examination of the eye without discovering a vestige of any kind of substance. Upon the return of the servant I rose to depart, at which moment the patient complained of pain, and in a few seconds, by turning down the lower lid, *I removed another spider.*

*15th.*—Eyes extremely healthy and clear. On the 13th, just after my visit, the mother removed *three* spiders, two entire and one broken; also a *putrid substance*, the precise nature of which I could not define. No others discharged to date.

*17th.*—None since 15th. Right eye more affected; upper lid much irritated and swollen. Left eye healthy.

*18th.*—Right eye still inflamed—discharged a *portion of web* from the inner canthus.

*19th.*—Eyes the same—*another piece of web.*

*20th.*—Eyes perfectly natural. After my departure on the 19th, there was removed a *sacculum containing ova.*

*27th.*—None since 20th until to-day. The left eye being inflamed and painful, she was advised by a friend to insert an eye stone, which at its exit protruded *one spider, of the long-legged kind, entire.*

*April 6th.*—None since 27th ultimo. Eyes healthy and generally improved in their appearance.

13th.—None since 6th. Eyes healthy; has used them since my last visit, in sewing and reading, without inconvenience.

May 14th.—None since 13th of April. Eyes healthy until a few days past; to-day they are weak, lachrymose, and slightly injected. They however improved under remedial measures, and the case terminated.

The total number of spiders removed from commencement was between forty and fifty. During the progress of this very singular case, the treatment was regulated according to the greater or less degree of local or general disturbance. The patient was restored to good health, and continued so uninterruptedly to the date of my leaving Carolina in November, 1840.

I have presented the facts as succinctly as possible, and here perhaps, in the opinion of many, it should rest; but other considerations may offer themselves to warrant a further notice. They are these:—1st, a case so anomalous and of so unusual occurrence, could not well exist without necessarily exciting an intense degree of public curiosity, and in fact, becoming, as it did, a subject of general notoriety and discussion in the various public presses of the Union, all of which, however, were strictly unprofessional, as this is the first entire and correct statement yet made on the subject by myself. 2d, the character and respectability of the patient, as well as her mother, being familiarly known to me for many years, preclude the remotest suspicion of any desire to impose, or to acquire a spurious notoriety on the part of the daughter, or of the countenance of fraud by the mother. 3d, the pathological history of the patient, which I will proceed to give, and which has induced me to distinguish this case as one unequivocally of *hysteric monomania*.

In adopting this *rationale* I am of opinion that I conform more strictly to the category within whose scope are embraced so many equally singular and otherwise inexplicable perversions of the nervous system, and under the influence of which, the most remarkable anomalies have been produced. I, moreover, am disposed to regard it rather as a melancholy, though interesting feature of *disease*, than a subject of levity to be classed among the nine-day wonders of every-day report. The father of the patient was a man of peculiarly nervous temperament and excitability. The patient from her childhood exhibited a due inheritance of that temperament, which became more strongly developed at that age, which, in females, so strikingly calls into action the consentaneous play of every nervous affinity. The establishment of the catamenial period corresponded with this complication. Her natural disposition was variable, at times cheerful, sometimes gloomy, but more commonly timid and reserved.

In 1839 I attended her for an attack of chorea, during which many peculiarities were observable, and a few months preceding the invasion of the case now under consideration, she was under my care for a neuralgic affection, terminating in a tremulousness of her upper extremities corresponding with what Good in his *Neurotica* recognizes as "*synclonus tremor*," except that here the morbid action is exhibited on attempt



at voluntary motion, whereas, in this case, it was independent of such causes. In the presence of these facts, to wit, the entire confidence entertained not only by myself but all others, in the strict veracity and irreproachable integrity of the parties, the predisposing and salient qualities in the idiosyncrasy of the patient, and the indisputable, though too frequently unexplained effects resulting from a morbid condition of the nervous system—effects impressing their astounding influences not only upon the physical but also upon the psychological nature of man—can we, without becoming amenable to the charge of an indifference incompatible with the proper spirit of inquiry which is so peculiarly the province of medical philosophy, refrain from devoting a little time to the investigation of this case.

\* \* \* \* \*

It now remains to attempt some explanation as to the means by which the spiders obtained their "local habitation" in the eyes of my patient. As might be supposed, conjectures were not idle, and the reasons assigned assumed their complexion in proportion as the credulity or scepticism of individuals prevailed. Those who yielded to the first, of course resorted to the intervention of miraculous agency, while the latter class believed it to be an artful endeavor to impose upon the community. I need not reiterate how unjust and unphilosophical such suspicions must appear under the historical features of this case. The only attempt to explain it by a natural and direct probable cause, was published by a Mr. Meddler, of Erie, Pennsylvania. In a letter addressed to the postmaster of Charleston, he gives the natural history and habits of the *wood-spider*, which, he says, unlike the rest of that class of insects who propagate their young from eggs, "*bring them forth in perfect form*," and the female carries them about, attached to the extremity of the tail. Mr. Meddler thinks, therefore, that it was one of this class which fell upon the young lady's cheek, and that the effort to brush it off separated the young from the point of attachment, upon which they took different directions, some into the eyes and others into the nostrils, whence they "*could easily pass*" to the eyes, and become killed there by the touch. He also thinks that the spiders discharged from the eyes "*were at different stages of maturity, and not of different species*."

Now, Mr. Meddler errs in every particular. The *wood-spider* "*bring forth their young in perfect form*." We have shown that one of the articles removed on the 20th of March, was a *sacculus containing ova*. Again, his idea of their passage into the eye at the moment of accident is disproved, because I have stated the extreme care with which I repeatedly examined that organ and all its appendages; and *surely if the extraordinary number discharged from first to last had been lodged therein, they could not have escaped observation*. They were not in the nostril, for I have also said that due exploration was there made; moreover, the communications between the nose and eyes, *even in a healthy condition*, could not possibly have admitted the passage of bodies as large as many of these spiders were, much less under the high state of inflammation and swelling in which they were almost constantly found. Lastly, Mr. Med-

dler, deriving his history of the case solely from newspaper reports, originating with persons unacquainted with its character and progress, errs in thinking that the spiders were only "at different stages of maturity," and not of different species. The spiders removed from the eye were subjected to close microscopic examination by myself, assisted by several professional gentlemen accustomed to scientific investigations, among whom was the Rev. Dr. Bachman, whose reputation precludes all doubt, and we discovered at least *three different species*, distinguished by the anatomical classification of *Latreille*, *Walkenar* and *Hentz*. But even supposing them to have been lodged "in perfect form," the fact that they were subjected to a residence in depraved secretions unfit to preserve the lives of insects, forbids the belief that they could have reached the different stages of size and maturity which they presented, much less so then could we suppose them to have been hatched by incubation either in the eyes or nostrils. I am then constrained to discard from my mind the presumption that they were lodged and perfected *previously to their discharge*, or that they were placed there by the patient in a *healthy condition of feeling* and with a desire to impose.

The only suggestion left for my adoption is this: that from all the preceding history of my patient, there existed a want of nervous integrity, so operating upon the mind as to produce the form of disease which I have distinguished in my text as *hysteric monomania*; and I am induced to think that the various types of mental irregularities, which an unbalanced nervous system is so familiarly known to produce, sustain the belief. It is needless on this occasion to investigate the diversified operations of the human mind in its physical and pathological relations, or to refer to the multiform phases it is capable of assuming under the excitement to which it is subjected by the agents which are perpetually at work upon its impressionable nature; suffice it to say, that the history of the different forms of insanity, from the highest degree of concentrated fury to the most subtle shade of the mind's day-dream, present arguments and examples sufficiently numerous to render my view of this case at least plausible.

At the incipency of the case, I do not for an instant doubt the presence of those fragments of spiders, and perhaps one or two entire, but my opinion is, that subsequently, terror, superinduced upon the idiosyncrasy described, dethroned the judgment; hallucination usurped its seat; a morbid concatenation was excited, and the patient, under the control of this influence, was urged irresistibly to introduce them from day to day, until the morbid series was exhausted. I cannot express myself more forcibly than by adopting the language of M. Ollivier addressed to the Court at Paris, in behalf of a young girl arraigned for the murder of an infant. She confessed to *have given it ten pins to swallow from time to time*. M. Ollivier said, "he was inclined to attribute the present act to *one of those unaccountable perverse impulses which are not unfrequent in certain females, more especially about their menstrual periods*."—(*Lancette Francaise*, 1839.) M. Dupuytren says, "I have seen at the Hotel Dieu, a great number of women and children, who *had been affected with the*



*strange mania of swallowing pins and needles.*" He then gives the case in detail, and concludes by saying, "on examining the body after death, several hundred pins and needles were found scattered through the viscera, muscles, cellular substance, &c."

I will, lastly, merely refer to that extraordinary form of insanity described in the *Journal de Progres*, for 1828, under the title of *Periodical Vino-mania*. It is reported by M. Pierquin, who says, "the disorder commenced fifteen years ago in the shape of an *irresistible impulse* to swallow wine day and night, without the possibility of satiety. The *paroxysms last from two to three months*, with an interval of equal duration, when it returns again *without any prodrome* that might indicate its approach."

I here close this case, extraordinary in its character under any aspect, and if my view of it be a correct one, it will afford another to the many which are to be found in nearly every work professing to analyze the yet inscrutable character of the human mind.—*American Journal of the Medical Sciences.*

#### OFFICE OF THE SPLEEN—THEORY OF FAINTING.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—The office of the spleen can only be inferred from its known organization. Any explanation of the office of the spleen, or of any other organ, which is not in conformity with its organization, must necessarily be erroneous. The organization of the spleen is extremely simple; its vessels consist only of an arterial and a venous system. The splenic artery, as all anatomists have shown, is much larger than is necessary for the nourishment of the organ itself. In some instances, it is twice or three times its ordinary size. This enlargement or size of the splenic artery must have been caused by the quantity of blood sent into it, as no other cause could give size to this or any other artery. The size of the splenic artery is, therefore, the measure of the quantity of blood which passes through the spleen. There is no reason to suppose any less activity in the circulation of the blood through the spleen than through the brain, where the veins are equally tortuous, or through any other organ. The quantity of blood, then, which passes from the arterial to the venous system through the agency of the spleen, is sufficient to operate vital effects upon the system at large.

The office of the spleen appears very evidently to be the secretion\* of venous blood from the arterial system. I do not know the use of this secretion, or I should say rather the final cause of it, any more than I know the use of the secretion of the urine or of the perspiration.

By the rules of induction we must suppose the spleen to be as much controlled (by which I mean as much hastened or retarded in its action) by the passions and emotions of the mind, by the internal and external sensations of the body, and by the action of medicinal substances, as the

\* See an article by the writer of this essay, "On the Venous Secretion and Circulation," in the *New England Medical Journal* for 1826 or 1827, edited by Drs. Ware and Channing.

other organs of the body. The heart, the stomach, the kidneys, the bowels, and the lachrymal glands, are wonderfully quickened or retarded in their offices by the passions and emotions of the mind, and by the sensations. It must be borne in mind that the spleen is supposed to be subject to *precisely* the same vicissitude of action as those organs which I have named.

Fainting is produced by loss of blood either from the veins or arteries. By this loss the brain and other organs are suddenly deprived of a portion of their accustomed stimulus or sustenance, and they cease to act. Fainting follows great and sudden evacuations of all kinds, and a want of a supply of food and drink; but it is in all these cases evidently upon the same principle, viz., a sudden detraction of blood from the brain and other vital organs. I cannot conceive of fainting while the brain and other vital organs are properly supplied with arterial blood. Death might ensue in such a case, but I think fainting could not.

Great fear and deep dread will also cause fainting. Persons who faint from fear or dread, appear in every respect like those who faint from loss of blood. The same paleness overspreads the whole external surface, as if a loss of blood had actually occurred. Now supposing the spleen to be as much accelerated in its action as the lachrymal glands are when they let off a flood of tears from sorrow or grief; or as much accelerated as the action of the heart is, by the emotion of joy, or as the bowels and kidneys are by fear, the amount of blood suddenly transferred from the arteries to the veins through the spleen would produce precisely that paleness of the surface and cessation of action in the brain and other vital organs, which take by a loss of blood from the arm. A detraction of arterial blood must take place from the brain and from the vessels proper to the heart. It may be objected, that fainting from fear arises from the effect of that passion directly upon the heart, paralyzing its action; but, under the influence of fear or dread, the heart actually beats harder and fuller while a deep paleness pervades the whole surface, an effect not at all in conformity with the action of the heart; for when the heart beats the hardest, the color should be the most florid, unless the arterial blood is drawn off in a different direction. Joy, too, increases the action of the heart; but people faint from joy. In these cases, is it not presumable, by the strictest induction, that the spleen, acting as it does directly and entirely upon the arterial mass of blood, the proper and only stimulus of organs, the source of color and vital action, is by a sudden and copious secretion of venous blood, the real cause of fainting? Nervous people are almost habitually subject to fainting, or to a state of the system which very nearly approaches to it, from the slightest affections of the mind or the body. The smell of a drug, the taste of an herb, or the sight of blood or a person wounded, will with many people produce fainting. The ancients supposed the spleen of such people to be diseased, and common people of the present day call them *spleeny*, as if, from common consent or tradition, the spleen had some real agency in the promotion of those strange feelings and vicissitudes of feelings to which nervous people are subject. Indeed, I think that nearly all the symptoms of which



nervous people complain, may be explained by that paucity of arterial blood which all the organs must experience from an enlargement of the splenic artery; in consequence of which a large portion of blood passes through the spleen without reaching the general circulation. In all sedentary people, it appears to me that the blood must have a tendency to pass through the spleen, as from the vicinity of that organ to the heart, it must receive the blood with more force than the extremities and more distant parts; but in active people this effect would not follow, as the general circulation is hastened by exercise. Observation shows that sedentary people are most liable to become *spleeny*; or, according to the foregoing theory, to have the circulation of the blood carried on through the spleen. It must be obvious to every one that the circulation of an undue quantity of the blood through the spleen, would cause an emaciation of the body and habitual paleness of the skin, which are also characteristics of fainting and nervous people. The spleen of many such people, after death, has been found to be enlarged, and its arteries and veins to be of a corresponding size. In conformity with the theory of fainting here offered, those people who have been most subject to fainting during life, and to habitual paleness of the skin, should present, after death, an enlargement of the splenic vessels, or an unusual development of that organ.

D. B. SLACK.

*Providence, July 7th, 1843.*

#### STRANGULATED INTESTINE.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Having noticed the reported case of the Hon. H. S. Legare, by Dr. Bigelow, I send you a somewhat similar one which came under my observation while House Physician to the City Hospital, New York, in the year 1829. I take it from my case-book, as I recorded it at the time of its occurrence. I place it at your disposal, to be made such use of as you may judge proper.

Respectfully yours, &c.

*Portland, Me., July 10th, 1843.*

WM. TORREY THURSTON.

Wm. Boyd, a seaman, of a full and plethoric habit, aged 33 years, was admitted into the New York Hospital on the 13th day of April, 1829, laboring under, to all appearance, a violent attack of colica.

Being in extreme pain, we could not obtain a very minute history of his case as to the mode of attack, duration, or the treatment which he had been under. All that could be obtained from him was, that three days ago, viz., on the 10th, he felt some slight pain in the bowels, to relieve which he took a dose of salts. This did not operate, but the pain having ceased, he paid no further attention to the constipated state of the bowels; but on the following day, the 11th, he walked out some distance, and, unfortunately encountering a shower of rain, got thoroughly wet. On his return home, he took some brandy toddy and went to bed. The next morning, the 12th, he took another dose of salts, but without pro-

ducing the desired effect ; the pain all this time was by no means severe, nor did he feel any acute pain until the morning of his admission, viz., on the 13th inst. At that time, becoming anxious about the constipated state of the bowels, and whilst soliciting nature, he felt, as he described it, a sensation as if he had a ball of fire in his intestines. This appeared to run on from duodenum to the termination of the rectum, crossing very rapidly from one side to the other, in the course of the sigmoid flexure of the colon.

His symptoms when admitted, were, as before mentioned, violent and excruciating pain in the bowels, there being, however, no increased pain on pressure ; the pulse was small, frequent and corded ; on the countenance was depicted great anxiety ; sensations of heat flashing over the whole body were also experienced. Immediately after his admission a warm bath was administered ; fifteen grains calomel after the bath, followed by a strong preparation of the black draught. Twenty leeches were applied to the abdomen, succeeded by warm and emollient fomentations. Three enemata were thrown up, but these were returned without the least particle of alvine matter. The obstinate constipation continuing, and the patient suffering indescribable agony, it became advisable to relieve his sufferings by means of opiates ; accordingly half a grain of sulph. morphia was administered every half hour. This had the effect of mitigating the pain, and he remained comparatively easy till about midnight, at which time the abdomen, before flaccid, now became suddenly extremely hard, and very much distended, evidently by flatus ; this state of affairs continued till half past 1, A. M., when death put an end to his sufferings with his life.

*Post-mortem Examination.*—On exposing the contents of the thoracic cavity, these viscera presented a perfectly natural and healthy appearance ; therefore were passed over with a very superficial examination. Being convinced that his disease was confined to the bowels, we hastened to extend our researches to the abdominal cavity. On laying the peritoneum bare, we could, through its transparent structure, readily discover the discolored intestines. On removing this membrane, the sphacelated bowels came fairly into view, and such an appearance none present had ever before witnessed. So remarkable a condition of the intestines was presented to our view that we were induced to request Professor J. M. Smith to be present during our examination. The doctor promptly attended, and remained with us while the dissection was carried on. The cause of this man's death was occasioned by the total strangulation of the intestines, producing rapid inflammation and subsequent mortification. The stangulation was produced by the colon being twisted and contorted, as it were, on itself ; this portion of the alimentary canal was strangulated about three inches above the rectum, and forming a ring ; the jejunum was slipped through this ring, and the calibre of this intestine becoming distended with the accumulation above the strictured part, and probably by the evolution of gas, the knot became more strained, and finally firmly bound down, completely incarcerating the whole of the jejunum and ileum—about three inches of the colon being strictured by its folding on itself,



and kept in that position by the mesentery, which was reflected over it, and became involved in this tangled state of the bowels. The nature and appearances of this case were indeed very singular, and well represented a perfect case of internal hernia.

By a little care these strangulated parts could be disentangled, and returned again to the strictured condition.

## THE BOSTON MEDICAL AND SURGICAL JOURNAL.

JULY 26, 1843.

*Homœopathic Prison Statistics.*—In the Cayuga Patriot of July 5th, published at Rochester, N. Y., may be found an address by Dr. Pitney, before the Cayuga Medical Society, on the 1st of June. The peculiar and most striking feature in this discourse, is the keen examination which Dr. Pitney makes of Dr. Humphreys's homœopathic practice in the Auburn State Prison, during his official relationship to that institution. We copied the account of Dr. Humphreys's success, as it appeared in a country paper, but not feeling precisely satisfied about its statistical correctness, publicly called upon Dr. H., in a special paragraph, to satisfy the medical public in regard to it. But Dr. P. exhibits him in no enviable aspect, and so satisfactorily explains whatever was obscure in regard to the use of medicine, and the success of the new practice among the arch rogues of the establishment, that no further elucidation seems necessary from that source. It will be recollected that *Dr. Humphreys's Report to the Inspectors* represented that from the 2d day of December, 1841, to the 3d day of April, 1842, there was no death in the Hospital, and the cost of medicine was only \$71 62—homœopathic treatment being practised during that time by Dr. H.; whereas during the next nine months of allopathic treatment, under Dr. Pitney's care, the deaths were 7, and the cost of medicine during five of those months, \$283 53. In Dr. Pitney's analysis of this statement, he mentions the important facts that the homœopathic treatment was commenced as early as May, 1841, and that between that time and the 2d of December, there were five deaths. He also states that in the month of October of that year, \$128 20 were paid for medicines which Dr. H. used, and that a further supply to the amount of \$43 50 was obtained from Dr. Robinson.

"The Hospital Reports," says Dr. P., "show clearly that from the 2d day of December, 1841, to the 4th day of April, 1842, there was a more *remarkable prevalence of good health* among the convicts than in any other portion of the whole year, or of almost any other year; and if Dr. Humphreys with his homœopathic medicines prevented the occurrence of any death during the above period, *why did he not prevent* the occurrence of those five deaths above mentioned, during the six months immediately preceding the 2d day of December, 1841?"

"The following periods of time," Dr. P. continues, "without a death in the Auburn State Prison, taken from the Hospital Obituary Register, are undoubtedly correct, and occurred when the Hospital was exclusively

under "*allopathic practice*," and before Dr. Humphreys, with his homœopathy, had anything to do in the Prison Hospital.

"First period, from the 19th of September, 1826, to the 23d day of December, a period of three months and four days, there was no death, and *no homœopathy*. Second, from the 23d of December, 1826, to May 5th, 1827, a period of four months and twelve days, there was no death and *no homœopathy*. Third, from October 16th, 1828, to May 12th, 1829, a period of seven months, lacking four days, there was no death and *no homœopathy*. Fourth, from September 14th, 1834, to January 16th, 1835, a period of four months and two days, there was no death and *no homœopathy*. Fifth, from May 29th, 1835, to September 13th, a period of three months and fifteen days, there was no death and *no homœopathy*. Sixth, from November 18th, 1838, to April 8th, 1839, a period of four months and twenty-one days, there was no death and *no homœopathy*; with the exception of the notorious case of John Winterscale, who was suffocated instantaneously by attempting to swallow a large piece of beef without chewing it. It rested upon, and closed the top of, his windpipe, and he died in full health. Seventh, from October, 3d, 1839, to January 9th, 1840, a period of three months and six days, there was no death and *no homœopathy*."

In conclusion, Dr. P. makes out a statement of the cost of medicines under the two systems—giving Dr. H. seven months, during which time the cost was \$230 33; in five months of his own time, it was \$214 69.

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*Quinine in Intermittents.*—At a meeting of the Royal Medical and Chirurgical Society, in London, May 22, a paper was read by C. W. Bell, M.D., stationed in Persia, containing some account of an epidemic which had prevailed at Teheran. Our friend and fellow countryman, Dr. Sewall, of Washington, was present at the meeting, and made some remarks on Dr. B.'s paper, which we copy.

"Dr. Sewall recognized the disease described in the paper as the result of malarial influence. He had found the diseases arising from malaria in America to simulate almost every kind of disease. He had seen it simulate epilepsy and mania; he had seen cases in which there was no re-action from the first seizure, the coldness gradually extending from the fingers and toes to the centres in six or eight hours, and terminating life. There were cases in which nothing would avail. In very bad cases he had given large doses of quinine, as much, indeed, as thirty grains every two hours. Five-grain doses, however, were the usual ones, or one grain every hour. In very bad cases no external influences had the least effect upon the patient; and if the large doses of quinine failed, he died. In some cases large doses of quinine seemed to produce bad effects. In the very severe cases, however, the brain did not appear to be injured by the quantity given; it was in cases of a less severe character that quinine produced its effect upon the brain. At first it caused deafness, and he had seen it produce stertorous breathing and a dilated pupil. All these symptoms were relieved by the application of a blister to the head or forehead, and the employment of purgatives. He might observe, however, that these symptoms occurred so seldom that they formed no kind of objection whatever to the use of quinine. Opium, in ordinary intermittents, would, in doses of two or three grains, often arrest



the progress of the fever at its commencement. When the cases were very bad it was thought that the employment of opium was a dangerous experiment, but when the powers of life were less affected it was a valuable remedy."

*Quackery by Wholesale.*—Who has not heard of a certain notorious, vagabond, English *eye-doctor*, whose peregrinations through New England, a few years since, were the triumph of a consummate hypocrite over the credulity of the unfortunate poor. Many in the city of Boston rue the day that they gave him money to the whole extent of their humble means, without having even a tithe of benefit. The way in which the sympathizing clergy were made the indirect tools of the gross impostor, whose apparent religious zeal was but a disguise for cheating the more effectually, must color them with shame when they recal the ridiculous part they played in the game.

He is now old, despised, and abominated by those who have hung the longest to his skirts; but, true to his original character, he is scheming for one grand finale, before turning his back upon the country forever. His advertisement is unparalleled in the history of unflinching quackery, and is introduced in this place on account of its extraordinary and unblushing boldness. He wishes to *sell out*—and here follows the general description of the stuff to be disposed of, and the quantities.

"Lot 1. He has about one hundred gallons of his nine remedies for the cure of diseased eyes and blindness, all of which were prepared by himself, and secured in iron-bound casks, which will keep good, with only ordinary care, for any length of time, and in any climate (a few drops only of which have cured many single individuals). The above will constitute his numbers, 1, 2, 3, 4, 5, 6, 7, 8, 9. and will be found calculated to cure all the diseases of the eye, eyelids and blindness (unless counteracted by neglect or intemperance) from whatever cause, except cataract, which always requires a surgical operation. To this lot will be added several thousand circulars, of large dimensions (containing authenticated cures) and twenty copies of his treatise entitled "Every man his own Oculist"—together with the copyright of said book. Should one gentleman from five or six of the large cities desire it, Mr. W. would consent to divide the 1st and 2d lots for their accommodation, and he has no doubt but a vast many cures would be the result of each of them.

"Lot 2. He has also for sale three or four thousand packets of his remedies No. 1, 2, 3, 4, 5 and 9, which are all ready for delivery. Each packet contains the above treatise, with one circular, and ample instructions for every case, except total blindness, for the cure of which his Nos. 6 and 7 or 8, is indispensable. To this lot will also be added several thousand circulars and twenty copies of his treatise.

"Lot 3. He has also for sale a quantity of his remedies for the diseases of the ear and deafness, which also he will sell without any restrictions; to which will be added a quantity of large circulars, containing cures of deafness, and twenty copies of his treatise above named. These remedies have been very useful to great numbers, and in high repute in Europe, upwards of forty years, on account of their superior efficacy.

"☞ Mr. W. prefers to sell them all by private contract (though he might receive less than by auction) to one or more professional or non-professional gentlemen, either together or separate."

*Medical Intelligence from Siam.*—A letter has been received at the Mission House, Pemberton square, from Dr. Bradley, dated at Bangkok, January 23, 1843, which mentions that experiments to obtain vaccine virus by inoculating the cow, had failed of success, and resort was necessarily had to inoculation of smallpox with a view to lessening its virulence. Dr. Bradley's youngest child had died in the desiccating stage of smallpox, which is the most fatal and desolating disease known to that country. Vaccine virus was successfully introduced there, from Boston, about two years since, but it could not be propagated. The pustule was perfect, and the protection complete in all who were operated upon with the imported matter, but the lymph taken from their arms would no longer reproduce itself in a second crop of patients. This fact is now well established, and therefore admits of no doubt. Dr. Bradley fully believes, if we understand him rightly, that there is a certain something in the constitution of the atmosphere, which produces this unfortunate result. Whether the annual rains, the periodical thunders and lightnings, or the intense heat of the seasons, are the agents in effecting the change, cannot yet be satisfactorily determined. We shall feel greatly indebted to Dr. Bradley if he will present the profession of his native country, with his views and recent observations on this particular subject.

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*The Stafford (Conn.) Mineral Springs.*—A writer in the Hartford Courant, gives the following notice of these springs.

"There are two distinct springs, situated near each other and within a few rods of the hotel, the medical qualities of which are considered as essentially different. One of them contains a solution of iron sustained by carbonic acid gas, a portion of marine salt, some earthy substances, and what has been called natron or a native alkali. This spring has been known and used for a long period, and has been pronounced by chemists to be one of the most efficacious chalybeate springs in the United States. In Barber's Connecticut Historical Collections, it is stated that the Indians first made the settlers acquainted with the virtues of this spring as early as 1719, when this part of the country began to be settled, it having been their practice from time immemorial to resort to it in the warm season, and plant their wigwams around. It is stated also that about the year 1774 this spring was carefully examined by the celebrated Dr. Warren, of Boston, who then had thoughts of purchasing the land on which it rises, with a view of establishing himself upon it. Subsequent events, however, transformed the physician into a soldier, and Dr. W. fell in the first great struggle of the Revolution, at Bunker Hill, while acting as Major-general. The other spring, the medicinal virtues of which were not known till about the year 1810, contains, according to the opinion of Professor Silliman, who examined it that year, a larger proportion of hydrogen gas and sulphur, and a smaller proportion of iron."

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*Homœopathic Use of Arnica.*—Under the head of Arnica and its Uses, Dr. Epps, of London, forwarded to the Lancet, for publication, a case in which a child, who had fallen upon its head, which accident was followed by severe fever, was treated with three globules of aconite, impregnated with aconite tincture at the octillionth dilution, in two ounces of



water, a fourth part to be taken immediately; and to be alternated every four hours, with the same quantity of arnica, impregnated with arnica tincture at the billionth dilution. The next day he was convalescent, and a similar dose once a day was declared to have completely restored him.—The editor of the *Lancet*, in publishing the case, changes Dr. E.'s caption to that of "making believe to administer Arnica."

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*Snake Bites at the West.*—Our correspondent in Louisiana, who states that he has collected some statistics upon the snakes of that section, the effects of their bites, &c., is informed that we shall be happy to receive them for publication, together with any other papers which his leisure and inclination may enable him to furnish.

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*Philadelphia Medical Society.*—A neatly-printed pamphlet, containing the Charter and By-laws of this Society, has been received. We learn from it that the Society was instituted in 1789, first incorporated in 1792, and re-chartered in 1827. The By-laws, we presume, have been lately revised, though there is no mention of this in the pamphlet. They contain, as was mentioned in this Journal a short time since, provisions by which membership is forfeited by the "practising or sanctioning any system of quackery or imposture, including what is called *homœopathia*;" also by "reporting practice, including surgical operations, in other than medical works." The Association appears to be in a flourishing condition, and its present officers are among the leading members of the profession in the city.

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*Quarantine Laws.*—The empire city appears to be very much dissatisfied with the existing quarantine regulations. Witness the following extract from the Journal of Commerce. After adverting somewhat in detail to the rigor of their sanitary regulations, and to the inconveniences to which the merchants are subjected in consequence of these regulations, the writer goes on to say:—

"For twenty years the port of Boston has been free from quarantine for all vessels arriving in a healthy condition. Hundreds of thousands of dollars have been saved by this enlightened policy, and no damage has ever come to the health of the people. Yet New York gropes on with the policy of the middle ages, and Roman Catholic superstition. Truth makes slow headway against the selfishness of politicians, for no sooner does a party obtain power, and so the ability to make reforms, than it finds the continuance of the abuses of its predecessors claimed as the reward of its own partizans. It is only when the great mass of the people, goaded beyond endurance by the abuse of partizanship, turn their attention to these abuses and demand redress, that politicians find their hopes from the spoils outbalanced by the indignation of the community."

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*Dr. Forry's New Medical Journal.*—The first No. of the New York Journal of Medicine and the Collateral Sciences, edited by Samuel Forry, M.D., the prospectus of which we noticed some time since, has been received. It makes a very respectable appearance, and will fully meet the

expectations excited by the prospectus. See the advertisement of the agents on our outside page.

*Lemon-juice in Dropsy.*—Dr. Schwabe, of Gross Rudstedt, reports the case of a man, 75 years of age, the subject of dropsy, to whom, as if in the last extremity, he was hastily called. For several weeks the patient had been able to maintain only a sitting position, his hands and feet were enormously swollen; there was extensive fluctuation all over the abdomen, and the scrotum was so tumefied that the penis was scarcely perceptible. The pulse was feeble and intermittent. Dr. Schwabe at first prescribed acetic ether, which he afterwards combined with lemon-juice, ordering a tablespoonful of the latter, freshly expressed, every two hours. All kinds of fluid, besides, were rigidly prohibited, the food consisting of three ounces of (white) meat, and as much bread, three times a day. On the second day after the adoption of these means, abundant diuresis ensued, with a diminution of the pains previously felt in the chest. The dose of lemon-juice was increased to half as much more. The urinary secretion now became so abundant that six quarts of urine were passed in twenty-four hours. From this time the patient was able to lie in bed, and he slept well for several hours. The pulse rose, and ceased to be intermittent; the swellings of the abdomen and extremities gradually decreased. The strength of the patient became renovated; digestion improved; the stools were solid and duly colored, and towards the end of the treatment indicated, which continued for three weeks, the quantity of urine daily passed to its natural quantity. Less doses of lemon-juice were now adopted; and by the thirtieth day of the treatment all the symptoms of dropsy, even the œdema, had vanished. In two months the patient had become able to resume his daily occupation.—*Casper's Wochenschrift*.

*Poisoning by Hemlock and by Cherry-laurel.*—A case occurred lately in France in which hemlock eaten in salad, had made a number of persons ill, though the cook had, on a previous occasion, some days before, plucked a quantity of leaves from the identical plant of hemlock, mistaking it for chervil, and which, having been used in soup, were eaten without injury. In truth, hemlock is productive of no ill effect in soup, as its medicinal principle, conine, is volatile, and consequently dispelled by boiling. In 1809, when the French troops bivouacked before Madrid, a soldier cut down several branches of cherry-laurel for spits on which to roast meat. The bark having been unluckily stripped off, the juices of the wood penetrated the meat, and of twelve soldiers who ate of the latter, seven died.—*London Lancet*.

**DIED.**—At Providence, R. I., Dr. Joseph Mason, for many years an eminent physician of that city.

Number of deaths in Boston, for the week ending July 22, 39.—Males, 19—Females, 20. Stillborn, 4. Of consumption, 3—dropsy, 1—dropsy on the brain, 5—scarlet fever, 1—hooping cough, 1—drowned, 2—scrofula, 2—smallpox, 1—convulsions, 1—infantile, 1—disease of spine, 1—teething, 2—inflammation of the stomach, 1—fits, 1—tumor, 2—dysentery, 1—influenza, 1—palsy, 1—inflammation of the lungs, 1—contraction of the stomach, 1—bowel complaint, 1—palpitation of the heart, 1. Under 5 years, 16—between 5 and 20 years, 3—between 20 and 60 years, 18—over 60 years, 2.



*Statistics of Cancer.*—The following are the results of researches on the prevalence of this disease throughout France, which have been made with much care and accuracy on the part of M. Le Roy d'Etiolles :

Of 2781 cases occurring in the practice of 174 surgeons, 1227 happened in individuals above forty, and 1061 to others above sixty years of age. The cases of cancer of the uterus were about thirty per cent. ; of the breast twenty-four per cent. Cancer of the mouth was in women only as one to one and a half per cent., while in men (probably from the use of the tobacco-pipe) it was as much as twenty-six per cent. Cancers supposed to have been of hereditary transmission figured only as 1 in 278 (?) ; while those induced by scrofula were as 1 in 10 ; and by syphilis as 1 in 5.

The most useful part of the inquiry is that which is brought to bear on the utility or otherwise of operating on cancers. Out of 1172 patients not operated on, 18 lived more than thirty years after the first appearance of the disease ; while out of 801 operated on by excision or caustic, the existence of only 4 was prolonged for a similar lapse of time ; 14 patients operated on, and 34 not operated on, lived for a period of from twenty to thirty years ; and 88 in the first category, and 228 in the second, lived from six to twenty years after the first appearance of the disease. The ordinary duration of life after this period among persons not operated on, is said to be five years for men, and five and a half for women ; while among those operated on, it is no more than five years and two months for men, and six years for women.

From these results the natural conclusion is, that the ablation of cancer (leaving out of account the risks attending the operation itself) does little, even when successful, to prolong life, and is therefore (in France, at least) of very questionable utility. Results like these, startling as they may seem, and however they may demand subsequent corroboration, are, at least, indications of the light which statistical science is enabled to throw upon the actual and relative value of many of the aids in medicine and surgery, of which we at present avail ourselves.—*London Lancet*.

*Curative Effect of Heat on a Sting from a Wasp.*—A. M. Mege, in the course of last summer, had the misfortune to be stung by a wasp on the top of his middle finger. The unlucky gentleman, having no *eau de luce*, ammonia, or similar remedy at hand, suddenly thought of placing a burning match close to the wound. This *light* application in a few seconds caused the pain and swelling from the sting to disappear.—*Ib*.

*Decoction of Oak Bark.*—This preparation has of late been strongly recommended by a French practitioner as an injection into dropsical cysts, as hydrocele, &c., after their previous contents have been drawn off. It is said to exert a marked tendency in preventing a subsequent accumulation of fluid. Its active astringent quality suggested to the above practitioner that it might be serviceable in promoting the contraction of the ring after the reduction of recent inguinal hernia ; and the application for some time of compresses impregnated with a strong decoction of oak-bark, kept *in situ* by a truss or bandage, has been in his practice attended with this result to the most satisfactory extent.—*Gazette Medicale*.

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COMPLICATED MENSTRUATION, AS ILLUSTRATED IN TWO CASES.

By W. Detmold, M.D., of New York.

CASE I.—The following case represents features as interesting in a physiological point of view, as they are perhaps of rare occurrence. I therefore do not hesitate to give it publicity, though I have myself only for a short period been an observer and eye-witness of the course of the disease. The medical attendants were changed several times during the illness of the patient, and having been myself called in consultation only in the latter part of it, I have been obliged to rely for the history of the case, previously to my seeing it, on the statement of the patient and her family, and of the physicians whom I found in attendance at the time. The case, however, has been seen by a large number of professional men of the highest standing in this city, and I myself had an opportunity of showing the patient to several medical men from other parts of the country, so that as regards the correctness and truth of the history of the main and most interesting features of the case (and to those I shall limit myself here) there cannot be any doubt. As the repeated change of the medical attendants, and my only temporary observation of the case, make it impossible for me to give an exact account of the medical treatment followed during the different stages of the disease, and as I, besides, consider the case less interesting in a therapeutic point of view than in a pathological and physiological, I shall omit here the treatment entirely.

Miss R., of this city, of dark hair and complexion, had, with the exception of the ordinary diseases of childhood, always enjoyed good health, and she was apparently of a robust constitution. When fourteen years of age, her menses first appeared, without any disturbance in her general health; and after that time she regularly menstruated for about one year. On the 17th of April, 1842, during one of the menstrual periods, she had, at the same time (according to her own and her family's statement), a bilious attack with a severe sore throat. She had leeches applied to the throat, and was bled in the arm. Her menstruation stopped during the night succeeding the venesection, and the following morning the patient had lost the use of her left leg, which became very painful, and began to swell from the hips down to the toes. Simultane-



ously with the swelling of the leg, a singular symptom appeared. *The whole surface of the body became covered with black hair*, so that the arms, legs and chest of the young lady looked more like those of a hairy man of forty, while the upper lip and cheeks were covered with a delicate dark down, as we see sometimes in young men approaching the period of puberty.

I saw the patient about three months after the commencement of the disease which then had just passed its acmé, and found her in the following condition. Her whole body was very much emaciated, and her countenance bore an expression of suffering, which was increased to the highest degree by the mere approach of any person to the pillows on which her leg rested. On her upper lip and cheeks was the above mentioned down, and her chest, arms and legs were hairy, as just described. The hair showed, however, much more on the sound leg than on the diseased one, for as the sound leg was emaciated almost to bone and skin, the hair on it appeared much more dense than on the other leg, the skin of which was in the highest degree of tension from the enormous swelling. The circumference around the knee was twenty-two inches, and the thigh and leg were swollen in proportion. The skin was neither changed in temperature nor color; the swelling was neither phlegmonous nor œdematous; to the touch it was solid, and felt like a plastic deposit; it resembled hypertrophia, and the whole limb presented somewhat the appearance of phlegmasia alba. Outside and above the knee was a superficial and limited fluctuation, which, on being opened, discharged for several days a moderate quantity of healthy-looking pus; and a similar fluctuation appeared a few weeks after directly over the patella. Both these abscesses were, however, in no proportion whatsoever to the size of the leg, and they seemed altogether secondary, that is, not connected with the *causa proxima* of the disease, but rather consecutive upon the enormous swelling. The patient suffered intense pain from the slightest attempt at moving the limb, over which she herself had no control at all. She had two large ulcers from decubitus over the os sacrum, and the pulse was about one hundred and eight in a minute, having been a few days previously as high as one hundred and twenty. Her appetite was good, and altogether the disease, as already stated, seemed to have passed its acmé; for the patient began gradually to improve, the pulse became daily less frequent, the swelling of the leg diminished by slow degrees, the limb became daily less painful, the ulcers on the back healed up, and about four months and a half after she was first taken ill, she began to move about upon crutches. The unnatural growth of hair upon her body and limbs gradually disappeared, and about six months from the commencement of the disease, the menses made their re-appearance. From that time she continued to improve steadily, and she is now, in June, 1843, a fine hearty-looking woman, with no remains of her extraordinary illness, except a false ankylosis of the knee-joint, evidently caused by plastic deposit in the soft parts and ligamentous apparatus around the joint. Otherwise she has the full use of her limbs, with the exception that

after much exercise she has a feeling of fatigue in that leg, and it becomes slightly œdematous.

I have thus given only, as I premised in the beginning, an outline of the characteristic features of the case, without entering into the minutes of the daily changes even at the period when I had the opportunity of doing so; and I will now, in conclusion, only state that the application of ice to the swollen limb seemed to have been the most beneficial remedial agent resorted to. I also abstain from commenting on the physiology and pathology of the case, which seem, as far as the growth of the hair is concerned, a mistake of nature in anticipating the period when menstruation ceases naturally.

CASE II.—As I have given the above case mainly on account of its pathological and physiological interest, without reference to therapeutics, I do not deem it out of place to add the following case, of which the principal interest lies perhaps in the therapeutical treatment pursued.

Mrs. —, of this city, of lymphatic temperament, had, until her marriage, which occurred when she was very young, regularly menstruated. She has now been married about eight years. Soon after her marriage her menstrual functions became deranged, the pain at each period being so excessive that she had invariably to keep her bed for about a week. The pain and uterine spasms were at times so violent as to produce convulsions; and, withal, she never lost more than a few drops of blood during the first few hours of each menstrual period. She had never, during the eight years of her matrimony, been pregnant. She had been under the care of several medical men, and she had at different times been put under the influence of various remedies, as well for momentary relief during the paroxysm of her menstrual spasms as in the interim for a radical cure. It was all, however, to no good effect, for she only obtained temporary relief from copious venesections which were repeated every few months.

In August, 1842, she applied to me for relief. Besides her regular attacks of illness, every four weeks, she complained of a continual feeling of soreness above the os pubis, which was much increased after intercourse with her husband. I proposed, and she submitted, for the first time, to an examination per vaginam. The collum uteri felt rather large and soft; and when the speculum was introduced, the labia of the os tincæ showed a dark purple color. I repeated the examination at her next menstrual evacuation, and found the same appearance as before, only stronger marked, showing evidently a high degree of venous congestion. I advised the immediate application of six leeches to the os tincæ. The after bleeding was very copious, so much so that her husband became alarmed during the night, and sent for me to stop it; but, as I found it not excessive, I allowed it to continue for several days. I did not ascertain whether the blood flowed from the leech bites or from the interior of the uterus. The patient, however, had neither pain nor spasms of any kind, during the menstrual period, being the first time in about eight years. I ordered the application of the leeches to be repeated every month, upon the first warning of the approaching men-



struation, and each time with the same beneficial result. Besides, I ordered, during the intervening time, injections of cold water per vaginam, and advised abstaining from intercourse with her husband. At the same time I prescribed a simple and healthy diet, with exercise in the open air; and as the patient was evidently doing well under this treatment, I did not deem any medicine necessary, except keeping her bowels regular with small doses of rad. rhei. This course of treatment was carried on for about five months, the leeches having been applied four times, when, as the soreness over the os pubis had long since entirely disappeared, the patient did not deem it necessary to have them applied a fifth time; and the result was, to her great surprise and delight, a regular menstruation, without the least pain, a sufficient quantity of blood being lost without the leeches. At her next term, she had again a regular menstrual evacuation, and immediately after that she must have conceived, for she began to complain of sickness at the stomach in the morning, exhibiting, in a word, all the usual symptoms of the early stage of pregnancy. Her menses now stopped for three months without any disturbance in her general health; but, unfortunately, a few weeks ago, in consequence of imprudence in taking a great deal of exercise, and a long ride in a jolting stage, she had a miscarriage, discharging a perfectly normal and well-developed ovum. Since then, she has had a regular and sufficiently abundant menstrual evacuation.—*N. Y. Journal of Medicine and the Collateral Sciences.*

## ON THE TREATMENT OF ERYSIPELAS.

By John Craig, Surgeon, Paisley.

ON the treatment of erysipelas, by Mr. Wilson, in his nineteenth lecture on Diseases of the Skin,\* I beg leave to make a few observations.

Mr. Wilson, in a summary manner, directs the attention of his audience to the modes of treatment to be adopted in the commencement of an attack of erysipelas, and, like many other writers on this subject, cautions them against the too free use of such means as are calculated to produce debility, a state so much feared in the management of erysipelatous cases. He afterwards calls their attention to the mode of treatment recommended by Dr. Robert Williams, which he (Mr. Wilson) "regards as judicious and admirable, and well suited to become a standard for your imitation. 'The mode, then (says Dr. Williams), in which I am in the habit of treating idiopathic erysipelas, whatever may be the part affected, or with whatever symptoms it may be accompanied, is as follows:—The patient is put on milk diet, the bowels gently opened, and from four to six ounces of port wine, together with sago, allowed daily.'"

So uniform a mode of treatment recommended for imitation by Mr. Wilson, and actually practised by Dr. Williams, in a disease so varied in its nature and in its degree of violence, appears to me to be as extraor-

\* See page 329 of this Journal.

dinary, as it is, in my view, pregnant with danger to the sufferers. On the same grounds, I presume, may the homœopathist and hydropathist maintain that their modes of treatment are suitable to every form of disease. There can scarcely be a greater proof of the absence of correct views regarding any complaint, or its appropriate treatment, than when so great discrepancy exists among medical men respecting the mode to be pursued in its management as is exhibited in the treatment of erysipelas. It has been insinuated by many of the profession that patients often recover in spite of their bad treatment, but in severe cases of disease, in which the resisting and restorative powers of the system are nearly balanced by processes of a controlling and vitiating nature, it is clear that a mode of treatment which is favorable to an increase of the morbid tendencies must be hazardous, and often fatal, to the patient. Thus, it must intuitively appear to every ordinary observer, that no disease, so varied and complicated in its nature as erysipelas, can on any account be so generally conducted to a favorable termination by any uniform mode of treatment as when the nature of the complaint is first duly considered, and the treatment employed suited to the existing symptoms. The use of wine or other stimulants at the commencement of many inflammatory or congestive forms of erysipelas, must, in my opinion, be considered to be among those causes which operate in the production of so much mortality in this complaint. Indeed, in order to give the patient even a chance of recovery in many cases, a very opposite mode of management, so far as my experience extends, must be adopted.

In the local treatment of erysipelas Mr. Wilson recommends either evaporating lotions or fomentations, the temperature to be determined by the feelings of the patient. One or other of these applications, so far as my information extends, is generally used. A few years ago an opportunity was kindly afforded me, during several months, of seeing the practice of many of the most eminent practitioners attached to the principal hospitals in Great Britain and elsewhere, and the evaporating or fomenting application appeared to be most in use; yet some of these gentlemen, who stand at the very head of the profession, employed no local application whatever. Now, if I be correct in the observations that I have always made on the effects of these applications, as well as on the effects of the want of any application, I would rank them among those causes which render erysipelatous affections so severe and dangerous to those who are the subjects of them. In my view, such local management is neither suited to arrest the progress of the disease nor to alleviate the sufferings of those for whose relief it is employed. Wet applications of every kind applied to the tender inflamed surface of an erysipelatous part, keep up, at least, a very irregular temperature, and as the principal mischief at the beginning is chiefly external, the varied temperature is apt to repel the eruption to the more internal and vital parts, and this adventitious state lays the foundation of the principal difficulties and danger. The want of any local application to the parts affected is equally injurious, for the inflamed and irritable surface being exposed to the friction of either the bed or body-clothing, or even to the influence of the atmos-



phere, increases the irritation of the parts, renders the patient uneasy and restless, and disturbs the system generally to a greater degree than seems to be imagined by those who practise it.

Having made these observations, I shall briefly relate the mode of procedure which I have pursued for upwards of twenty-five years, in this large manufacturing town, where erysipelas frequently prevails in a severe, and, occasionally, in a fatal form. For a considerable period of my professional career the opinion that I have formed regarding the origin of disease is, that the nervous system, or some portion of it, is always the part primarily and abnormally affected, and that the system then generally or partially participates in the derangement. This view I consider essential in order to the proper and successful treatment of erysipelas. In the production of this complaint an irritating agent, as a current of cold air, for example, is applied to the face and head, when the sentient and motive organs of the affected part assume a peculiar and altered action, which in its turn exerts an influence on the vascular system, and the result of these changes operates unfavorably on the blood as well as on the various organic functions.

Thus, it is evident that when the disordered state of the nerves, the origin of all the mischief, is skilfully treated at the very commencement, the affection of the system will either entirely, or in a great measure, be prevented, and the usual dangerous and fatal results in almost every case averted. In order to obtain these desirable ends the following mode of treatment pursued by me during the period already mentioned has accomplished all that the practitioner can reasonably expect.

At my first visit, if the patient's skin be hot, pulse quick, with headache, and other febrile and inflammatory symptoms, at the same time that the erysipelatous part is turgid and tender, blood is immediately taken from the arm, the quantity being proportioned to the strength of the patient and the violence of the symptoms—I may state that from ten to thirty ounces, according to circumstances, may be safely taken. I very seldom repeat the bleeding; indeed, repeated bleeding should be practised with great caution, except when some internal organ, as the lungs, participates in the inflammatory action; when repeated free bleeding will be requisite; but even in this state of things the oppression at the chest will, in the end, be more safely and certainly relieved by nauseating doses of antimonial tartar, even to gentle vomiting, than by bleeding to the extent that the symptoms indicate.

The next step in the treatment is to immediately cover the erysipelatous parts with a material soft, light and warm, as a soothing application, and sufficiently compact, in order to lessen the rapid evaporation from the burning and inflamed surface; it should also be sufficiently porous to admit into its substance the acrid exhalations from the diseased parts, otherwise vesications and suppuration would more frequently occur. By the use of such means an uniform temperature is kept up on the surface, the parts are soothed and relaxed, and the repulsion of the eruption prevented. The application which I use for these purposes is one of the very oldest description, viz., fine flour, well dried at a fire, and applied warm over

the parts affected, and so as to be covered with it as thick as a penny-piece. The flour thus applied is to be kept in its place by a thin fleece of cotton wool, and the whole to be secured by a thin muslin napkin. As long as the parts continue hot and flushed, the flour should be changed every eight or twelve hours, and fresh flour applied as at the first. This form of application has a great advantage over others, not only on account of its greater safety, but it is more agreeable, and gives the patient less trouble in its application. One or two hours after bleeding and dressing of the affected parts, a smart purgative should be administered, containing five grains of calomel. After the operation of the purgative, two grains of calomel and five grains of antimonial powder should be given to the patient every eight hours, for the purpose of determining to the surface of the body and regulating the secretions, which in many instances are much deranged.

By the use of these means the febrile and inflammatory symptoms are greatly alleviated in the course of three or four days, when the antimony and calomel should be suspended. If the calomel and antimony do not operate freely and easily on the bowels, a mild dose of salts or castor oil should be administered every second day, until the acute symptoms are subdued. In the acute forms of this disease the patient generally sleeps little for several nights, and in order to procure this desirable end a dose of muriate of morphia, combined with an antimonial, may be given to the patient on the fourth night, or even sooner, if the febrile symptoms are lessened, with generally the most agreeable and advantageous effects.

In another form of this complaint, in which the patient is of a weakly habit, pulse not much accelerated, skin cool, and the appearance of the erysipelatous part of a dusky color, bleeding is in general inadmissible, but all the other means should be rigidly attended to. As in this form it is more necessary to bring the patient under the influence of the calomel than in the more acute cases, one grain of calomel, with five of the antimony, is generally the quantity I use every six or eight hours. These means, with the flour externally, have an excellent effect in determining to the surface of the body and relieving the internal parts, as well as in exciting the torpid state of the circulation, which is always present in such cases. In my view it is a great error, in this form of the complaint, to consider its symptoms as the result of debility, and to commence its treatment by stimulants and cordials. Such procedure in bad cases frequently aggravates the symptoms, and renders the state of the patient more precarious. In both forms of the complaint, however, as soon as the disturbed condition of the system is considerably corrected, any real symptoms of debility that may arise should be combated by nourishing diet, and even cordials and stimulants. The risk of inducing dangerous debility in acute cases of erysipelas by the use of an ordinarily active antiphlogistic treatment, during the first few days, is quite ideal; the danger arises not only from the neglect of removing the causes of the complaint by the use of the proper means, but actually also by accumulating the evil by the use of improper means. When suppuration takes place the pus should be evacuated, but when the case is properly managed and



seen early this result seldom occurs ; I have only seen it twice in all my experience.

Scarifications, so much recommended and practised in this complaint, I deem to be seldom if ever necessary, if the means I have pointed out be carefully put in operation ; indeed, except in hospital practice, I cannot conceive how they are to be tolerated.

By the above modes of treatment, then, I have good grounds for stating that erysipelatous complaints are, in a great measure, robbed of their severity and danger ; for by such management for upwards of twenty-five years, I have never lost a case when I attended the patient from the beginning of the attack, excepting in a very few instances, in children under two years of age.—*London Lancet.*

#### ANIMAL HEAT.

[Communicated for the Boston Medical and Surgical Journal.]

I AM not in the habit of contending against old and established theories ; still those on which the explanation of *animal heat* is based, are so inconsistent with true philosophy, that I shall attempt to show that they are unfounded, and that there is a more rational way to explain its source.

Not being able to satisfy myself that it is produced by the decarbonization of the blood, I gave the subject some attention for the purpose of discovering, if possible, a more philosophical explanation. The more I investigated it, the more I was convinced of the fallacy of the present theory.

Great has been the effort, and many the principles, to illustrate this almost incomprehensible law of our nature. Messrs. Blake, Davie, Crawford and Franklin, have all showed much talent in writing on this subject, either in advancing new ideas or combating those already existing ; but in their eagerness to establish their own plans, they have each destroyed those of the other, so that not a theory now exists which has not been detected in error sufficient to warrant one to discredit its trust. Yet there is so much plausibility used by each, that had either escaped the competition of the others, they might have deceived more than now.

The modern philosophers seeing so much collision on the subject, they dare not (or do not) commit themselves, and leave it as much in the dark as their predecessors, only with this important addition, an honest confession that the subject still presents a large field for future investigation. Friction, chemical changes in digestion, electricity and nervous influence, have each had its advocates ; but are now superseded by perhaps a more ingenious theory, that of arterialization ; which is admitted by most at the present day : and was it not for the fact that everything in nature must have a rational explanation to satisfy philosophers, and that this presented the most plausibility with the least objection, it would have been overthrown before having been generally adopted. As the systems

which preceded that of arterialization have all exploded, I shall speak only of that which now exists.

Dr. Blake was the first who discovered that the lungs were the great engine which fires up the animal system. He discovered that the same principle was involved both in combustion and respiration ; that oxygen is consumed and carbonic acid formed, by each, and that this was a necessary consequence of both. This was a very important discovery, and for which he merits much honor ; but in his eagerness to explain a principle of so much magnitude, he forgot that in combustion heat is the immediate consequence, and is communicated more strongly to the nearest objects. To illustrate his theory fully, the lungs would be the *fire-place*, oxygen the *fire*, and carbon the *fuel*.

Dr. Crawford discovered a great deal of ingenuity in this, and adopted it with one very serious objection. It was very soon discovered that in Blake's hypothesis, the lungs must be the very centre of heat, and that heat must first be evolved in them and radiated (to carry out the comparison) by the arteries to every part of the body, the highest temperature being at the lungs, then arteries, capillaries, veins ; a consequence of which would be the immediate destruction of the lungs. But actual demonstration correcting this, Crawford attempted to find a remedy by asserting that the arterial blood has a greater capacity for heat than venous, consequently the heat produced by *combustion* in the lungs, becomes immediately latent and is not sensible, until the arterial blood is changed. This was a very beautiful addition, and appears very consistent, and would undoubtedly have been satisfactory, had not Davie discovered that there is no difference in their capacities for heat. Thus the whole theory is utterly overthrown by actual experiments ; yet, it is clung to, as the only source of explaining *animal heat*.

I will not deny that latent heat becomes sensible during respiration, in proportion as the air, impregnated with carbonic acid exhaled from the lungs, is more condensed, than that inhaled. This is proved by the fact, that in every respiration heat is thrown off from the lungs. There is no doubt that a degree of heat is communicated to the lungs by the same process ; and this may show why (if it is so) the blood has a higher temperature when it leaves the lungs than when it leaves the heart ; but I cannot conceive how the heat which is constantly thrown from the body, can be supplied from this source, while it amounts to more than is evolved during respiration in the same time.

It is true the body takes on more than natural heat, to appearance, by exercise ; and during the exercise, respiration may or may not be increased ; whether it is or is not, the heat is equally increased. Admitting, then, that there is an increase of heat during exercise, and that it is produced by decarbonization of the blood, it follows that in case of violent exercise the system must be completely charged with oxygen and freed from carbon. According to this theory, the body that contains the most carbon has the highest temperature, and the greatest facility for increasing it. A sad misfortune if this poison could not be obtained. Why is it that the chlorotic maiden who lives upon charcoal, is continually complaining of cold ?



In order to understand the variation of the temperature of the animal system, it is necessary to understand the laws of heat. One may to appearance be very cold, another very warm, while both contain the same quantity of heat. Or this variation may be in the same person, as in intermittent fever; the same quantity of heat is present in the cold as in the hot stage. The sensation of heat lies in the surface; and this is cold or hot according to the circulation, whether its force is to or from the surface. When any of the viscera are inflamed, and the force of the circulation turned towards them, there is a sense of cold. When re-action takes place, and the force is directed towards the surface, there is heat. Hence the alternations of heat and cold in the first stages of fever. But all this takes place without calling for Blakes's or Crawford's theory of combustion in the lungs. The blood acts as a circulating medium, which keeps an equilibrium of the heat, when there is an equilibrium to the circulation, and *vice versa*.

The question now arises—what is the source of animal heat? In answering this question, it is necessary to say something upon the laws of heat. The same law applies to heat wherever it exists; and in speaking of it a distinction should always be made between latent or specific, and sensible heat; for sometimes we are ignorant of its presence by being ignorant of its laws. Everything is said to have a capacity for heat, and all within that capacity is specific, while all above is sensible, increasing in intensity according to its surplus. And this law is governed by density; the greater the density the less the capacity, and *vice versa*. It is upon this law that the philosophy of animal heat is founded, viz., the different capacities of matter for heat, and the constant consolidation of fluids to solids during nutrition. It is unnecessary to say here, that the animal body suffers a continual waste, which is constantly supplied by the deposit of new matter from the blood. During this deposit, a change takes place from a fluid to a solid; consequently heat must be evolved. Let the source of heat be what it may, heat must be thrown off in this process. Now if we were to judge of the amount of the waste of the body, by the quantity of nutritive matter consumed, we should suppose it to be very great. I am not prepared, however, to say what that quantity is; indeed it must vary in different animals. Suffice it to say, that it is so great that were it not for the fact that the nutritive matter taken into the stomach consists partly of solids, the supply would actually destroy the body by heat. The temperature of the laboring man is higher than that of him who leads an inactive life, simply because the waste of the former is greater than the latter, and consequently more nutrition is required. I recollect of reading an anecdote in your Journal (the No. of which I do not recollect) of a young lad who was kept upon a diminished quantity of food for some weeks; the consequence of which was, a continued sense of cold. And this is why the aged person never wishes to leave his fire-side, especially to be exposed to the chill of winter. He has passed his active days, his habits are sedentary, the waste small, and consequently a diminished nutrition.

This position is proved by the process of inflammation. Every one who

has been in the habit of applying his hand to inflamed surfaces is ready to admit that the heat sometimes rises above that of the blood. Now some principle concerning animal heat ought and can be proved from this. A satisfactory explanation of this fact has never been given; it is merely asserted that the heat does arise above the temperature of the blood, and there the subject is left. Is the heat in an inflamed surface animal heat? If so, whence its source? If not, whence its source? We may say that the increase of heat is accounted for from the fact that there is more blood in the part than usual. This is very well while the heat keeps below that of the blood; but when it rises above that, then this explanation is at an end. If this heat is animal, then it must be explained by the same law; and its very character shows that it cannot come from the lungs. Put a thermometer in the lungs, another in the arteries and veins, and another in the inflamed part; the latter will rise several degrees higher than either of the others. There is no way to explain this, only that it is produced in the organ where it is exhibited, as is the case in regard to the natural heat of the body, and that is by a change of fluids to a solid. When the inflamed parts get to that degree of heat which is actually above that of the blood, there is rapid swelling and hardness, which is caused by a deposit of coagulum into the part affected. The heat produced is the latent heat of the blood sent to the part, becoming sensible in the deposit of lymph. It soon destroys the vitality of the organ or part affected, when the heat subsides, from the fact there is no longer a deposit; or suppuration commences, which carries off the heat by a reversion of the law by which it was produced.

*Moultonborough, N. H., July 17th, 1843.*

WM. H. H. MASON.

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#### A CASE OF HYDROCEPHALUS INTERNUS AND ASCITES,

TREATED SUCCESSFULLY BY A ROLLER AND BLISTERS TO THE HEAD, AND BY DRASTIC PURGATIVES.

[Communicated for the Boston Medical and Surgical Journal.]

In the month of October, 1842, I left New Orleans to attend the inhabitants of the Balize, near the mouth of the Mississippi, at the North East Pass. I was there but a fortnight, during the absence of Dr. Van Antwerp, who had come to the city for his health. While there, I was called to see the child of a Mr. Newman, one of the pilots. It was a little girl about two years and seven months old, and the following were the symptoms and appearances of the child.

The head was very large, as large as that of either of the parents (who were of small, or about middling stature, and well proportioned). The fontanelle was open larger than is usual for a child at birth. The sutures of the cranium were a little open, and the pulsation of the brain could be counted by the eye at the distance of several feet from the child; the abdomen was quite large and tender; the limbs of the child were quite emaciated and small, and its flesh soft. She was able to walk about but a little, and at times could hardly stand alone. She cried and moan-



ed in a plaintive manner, as if she suffered from pain as well as the weight and size of the head.

The parents considered their child as beyond the power of remedy, and certainly no physician could give them much encouragement to hope for a cure. I told them I should like to try a plan of treatment, but that it would be of no use, unless they would pursue the plan for a long time, as the disease, if not congenital, had existed from early infancy. They were anxious to try, and, as the sequel will show, attended with assiduity and perseverance to what was ordered.

I shaved the head over the region of the fontanelle, and blistered it. I applied a roller round the head, including nearly all but the upper surface, and prepared extemporaneously some purgative powders that should prove hydragogue or highly drastic; they were composed, as nearly as I recollect, of the following—*R. Rad. jalapi pulv.*, ʒj.; *tartrat. potass.*, ʒjss.; *rad. ipecacuanha*, ʒss.; *elaterium*, grs. iij. Well mixed and divided in xij. powders. They proved highly cathartic. I left it to the discretion of the mother to divide the powders as the strength of the child would bear. I told them they must repeat the blister, apply irritating ointment, re-apply the bandage daily, or as often as it became in any degree loose, and to give the child nourishing diet in moderate quantity. I heard nothing definite from the child, and for some time had supposed that it was dead; until, the last of June, 1843, eight months after I had seen it, I met the parents in the city with the child completely restored to health. The body and limbs are well proportioned, the head remains about the same size. The fontanelle has almost completely closed; can be felt with the point of the finger about the size of a healthy child's of sixteen or eighteen months old. She appears bright and intelligent. The father told me that he had pursued the treatment I had ordered for four months; it was not until three months that he perceived the pulsation of the brain and size of the fontanelle to diminish. The mother had given the purgative I had ordered, and afterwards occasionally castor oil.

*Remarks.*—As to the *rationale* or *modus operandi* of the cure, by the treatment (if the treatment may be considered as having been necessary to assist nature in the cure), it is, perhaps, too obvious to require notice to the medical profession. The roller afforded, by constant pressure, a mechanical support. The discharge of serum by the blister could be of little or no avail in the cure; but it is well known that in the treatment, sometimes pursued for maniacs, of alternate cupping and blistering the surface of the head, it is proved by autopsy that the cranium becomes much thickened by earthy deposit. So in this case the irritation produced by blistering may have been favorable to the process of ossification necessary to fill up the fontanelle with the bones of the cranium. The advantage often derived from drastic purgatives in dropsies is well known. It was the opinion of Dr. Amos Twitchell, of Keene, N. H., that hydrocephalus in infants could be cured by drastic purgatives. He succeeded in curing a case by this treatment alone.

It is very seldom that parents can be induced to follow one plan of

treatment so long ; and no doubt in this case the cure is owing to the assiduity and perseverance of the parents in the course ordered.

*New Orleans, July 13th, 1843.*

L. HITCHCOCK.

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#### ON LABORS WITH TWO OR MORE CHILDREN.

From Dr. Robert Lee's Lectures at St. George's Hospital.

DR. CHURCHILL states that we find among British practitioners, in 161,042 cases of labor, 2477 cases of twins, or about 1 in 69, and 36 cases of triplets, or 1 in 4473. Among French practitioners, in 36,570 cases, 332 cases of twins, or about 1 in 110, and 6 of triplets, or 1 in 6,095. Among German practitioners, in 251,386 cases, 2967 cases of twins, or about 1 in 84, and 35 of triplets, or about 1 in 7185. Taking the whole we have 448,998 cases, and 5776 of twins, or 1 in 77 $\frac{3}{4}$ , and 77 cases of triplets, or 1 in 5831. The statistics of the British Lying-in Hospital, which was instituted in 1749, are not included in the above statement. Since the institution of this hospital, 35,978 women have been delivered, and 36,401 children born ; 423 had twins, and one 3 boys. The proportion of boys to girls born in this hospital is about 18 to 17 ; of still births, about 1 in 25 ; and women having had twins, about 1 to 85. I have seen only two cases of triplets during the last 16 years, and neither of them occurred in this hospital. The proportional number of women giving birth to twins, appears, according to Dr. Collins's report, to be much greater in Ireland than in any other country of Europe from which authentic records have been obtained. In France, he says, there is 1 twin case in every 95 births ; in Germany, 1 in 80 ; in England, 1 in 92 ; in Scotland, 1 in 95 ; in Ireland, 1 in every 62. Of 129,172 women delivered in the Lying-in Hospital of Dublin, 2062 gave birth to twins ; 29 of the 129,172 produced 3 at each birth, which is in the proportion of 1 in 4450. One only gave birth to four. Of 697 cases of twins collected by Dr. Churchill, 417 children of the 1394 died, or about 1 in 3 $\frac{1}{2}$  ; and out of 12 cases of triplets, *i. e.*, 36 children, 11 were lost, or 1 in 3. A considerable number were premature and stillborn, and some putrid at birth.

Women are exposed to much greater risk who give birth to twins than those who are delivered of one child ; and the danger is produced chiefly by the over-distension of the uterus during pregnancy, the preternatural presentation of one or both the children, and the occurrence of hæmorrhage from the want of uterine contraction after the separation and expulsion of the placenta. Inflammation of the deep-seated structures of the uterus, especially the veins, not unfrequently proves fatal to women who have been delivered of twins. We seldom discover before the birth of the first child that there is a second or third in the uterus. By the stethoscope it has sometimes been ascertained, from the remarkable difference in the action of the two hearts. I have never from auscultation been absolutely certain of the existence of twins before the commencement of labor ; but in some cases, from the great size and unusual shape



of the abdomen, the peculiar movements described, and the irregularity and feebleness of the pains after labor has begun and continued many hours, I have suspected there were twins, and my suspicions were well founded. But I must admit that all these symptoms are sometimes fallacious, and that women often feel confident from these and other symptoms that they will have twins, when they bear only one child.

It is in our power, and it is our duty, in all cases to ascertain with certainty, after the expulsion of the first child, if there be a second within the uterus. The small size of the first child often leads us to suspect that there is another, before the hand is applied over the abdomen, and the head, nates or some part of the second child, is felt through the parietes. If the uterus contains a second child, it is still large, hard and unequal; the uterus still fills the epigastrium, at least reaches considerably above the umbilicus. I have been repeatedly called to deliver a second child when there was nothing within the uterus but a great placenta. In all cases, therefore, you will not trust to the application of the hand over the abdomen, but make an internal examination; not merely for the purpose of determining whether there is a second child, but, if there is, to ascertain the nature of the presentation. Put the umbilical cord of the first child upon the stretch, and pass along it two fingers of the right hand, and if there is a second child you will feel the second bag of membranes, and discover whether the head, the nates, the extremities or funis present. It is necessary to inform the nurse of the fact.

When the nates or inferior extremities of the second child present, the binder should be applied firmly round the abdomen, some stimulant should be given, and some time allowed for the uterus to contract. At the end of an hour, or even earlier, if the pains do not return, rupture the membranes, tighten the binder, and bring down the lower extremities, and deliver the child in the manner already described when the nates present. No good can in any case be produced by allowing the child to remain longer in the uterus than an hour after the birth of the first.

If a shoulder or superior extremity of the second child presents, proceed immediately to perform the operation of turning, which is easy and safe both for the mother and child, if you pass up the hand into the uterus, before the membranes are ruptured.

In twin cases, where the head of the second child presents, apply the binder, rupture the membranes, and the uterus will probably contract upon the child and expel it without any artificial assistance. If, however, the labor has been very protracted, and there is great exhaustion, and some risk lest the natural powers should be insufficient for the delivery of the second child, I am disposed to think, as the operation of turning is so easily accomplished, that it would be better at once to have recourse to it, than to trust to the forceps if further assistance should be required. At all events it is invariably necessary to rupture the second set of membranes, if you determine to leave the expulsion of the second child to nature, for the uterus may remain twenty-four hours or longer quiescent if this is not done. After the delivery of both children, always remember the danger of uterine hæmorrhage.—*London Med. Gaz.*

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 THE BOSTON MEDICAL AND SURGICAL JOURNAL.
 

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 AUGUST 2, 1843.
 

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*Western Lunatic Asylum.*—In western Virginia, at Staunton, near the centre of Augusta county, and towards the south-western extremity of the rich agricultural valley of the Shenandoah, is located an institution that has received the fostering care of the Legislature for some years. While the neighborhood wears the expression of neglect and a want of physical energy in man, as it regards the appearance of the private dwellings, the lunatic asylum presents a noble and cheerful aspect, indicative of comfort and order within. From the experience of the medical superintendent, it is presumed that all the improvements known in the best-managed institutions of the North, have been introduced, and the report before us evinces the efforts of Dr. Stribling to meet the high expectations of the free-holders of Virginia.

Although the annual report has come to hand at rather a late period, it affords us pleasure to notice its prominent features. In the year 1842, according to the tabular sheet, 152 insane persons were accommodated at the Asylum. Of that number, 99 were already lodged at the commencement of that year; and in 1842, 53 new cases were admitted. At the time of finishing the Report, 110 patients were under treatment, viz., 74 males and 36 females. Of these, 101 were chronic, and 9 only of recent origin. The great disproportion, says the report, exhibited between the sexes, was owing, solely, to the peculiar construction of the buildings, which rendered it "impracticable to afford safe and convenient accommodations for more than about 40 females."

Table second, on the fifteenth page, is rather open to criticism, on account of the loose manner of making a return to the Court of Directors, of the discharges, deaths and elopements—all in a lump! Thus it says—"patients discharged, eloped and dead, 42—males 31, females 11." The men popped off in various ways, it seems, whilst the women, who either liked their quarters better, or were more tenacious of life, stuck by to the end of *Anno Domini* 1842, as all crazy people should, till the annual report was fairly made up!

So much for the table: however, by following out the explanation, we there discover that 15 had died—an unusual mortality; and that no prejudicial impressions might be made with respect to the prospect of health in the institution, Dr. Stribling remarks that it is proper to state "that all of them resulted from causes wholly unconnected with its locality, construction or general management."

On the 21st page Dr. Stribling introduces an observation that is rather discouraging, although it may be true, viz.: "As experience has amply demonstrated that but few persons afflicted for a longer duration than *two years*, are ever restored to reason, we are, in view of the facts presented by this table (table 4th) forced to the painful conviction that more than *one hundred* of the patients now under our care, are doomed to continue insane for the remainder of their lives."



Next, Dr. Stribling enters upon the consideration of the value of medication in the early stages of insanity. "More than one hundred of those under our care during the present year, have been subjected to a thorough course of medical treatment, with a view to their mental relief, and in most cases with decided benefit." What is to be understood by a *thorough course*, is quite incomprehensible. Sure it cannot mean the Samson practice, as it is sometimes called in the new countries, alluded to on the 31st page, where the writer says, "it rarely happens that a patient is brought here, after having previously been under the care of a medical practitioner, in regard to whom it cannot be said that he has been *well bled, blistered and purged!*" It so happens that very little value is attached to any medication in these latter days, with the insane. Phrenologists, with Mr. Combe in the van, may argue as much as they please, to prove that lunacy, in all its forms, results from a derangement of the organic machinery. Unless the location of the sick fibre can be infallibly pointed out, no man could be justified in dosing the poor reason-bereft sufferer with drugs whose action could not be positively shown to produce the result that is unreasonably hoped for.

Another topic of vast importance falls under a distinct head—defined *moral means*. It is the highest department of knowledge to which those who are set apart by authority for administering to the necessities of the insane, should aspire. Pills and powders have no weight in the affairs of an asylum of this kind, while moral treatment is the lever by which all great efforts for restoration are to be effected. The more there is written on this essential subject, and diffused, the more reason we shall have for believing that civilization, science and christianity are mutually exerting a combined power of incalculable benefit to man. Lastly, diet, music, libraries, labor (a matchless medicine alone), religious services, &c., have each an appropriate share of attention bestowed upon them, very satisfactory, but not particularly new. As a whole, the Report is creditable to the intelligence and philanthropy of Dr. Stribling, and the institution from whence it emanates.

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*Abrogation of Medical Honors.*—A story is circulating that at a recent meeting of the Medical Society of the City of New York, a resolution, passed some time in 1822, which made Dr. Hahnemann, of Paris, the inventor of homœopathy, an honorary member, was repealed. This is altogether a singular kind of movement; yet it may not be without a precedent. No mistake is likely to be made in regard to the object of this action. The effect will be, if any is produced, just the opposite of what was intended. Importance is given to this infinitesimal nonsense by these little sectional shows of a determination to prevent its extension. By ridiculing Swaim's panacea, the fortune of the proprietor was secured—and an ample one it was. Thousands of boxes of Brandreth's pills, we believe, have been sold, which never would have been manufactured, had there not been a sturdy and unflinching opposition exhibited. The best method for suppressing quackery of any kind, is never to speak of it.

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*Ovarian Dropsy.*—Mention is made in the Lancaster (Penn.) paper, of an operation, of late, that created a great sensation in that neighborhood.

It seems that a female, who had repeatedly been tapped to relieve her from ovarian dropsical accumulations, was a short time since operated upon by Dr. W. A. Atlee, in the following manner. First, he extracted twenty-two pounds of water; after which, two tumors were removed, weighing together two pounds. A strong hope of the patient's recovery is entertained. A detailed and circumstantial report will probably be given in due time, through some of the Journals.

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*Medical Things in Paris.*—It is rumored that Dr. F. Campbell Stewart, of New York, late family physician of Gen. Cass while a resident abroad, will soon publish a statistical account of the hospitals of Paris, together with memoirs of the most eminent French surgeons of the present day. No writer could have a more ample field to exercise in than this. If it is not an interesting and useful book, the author can make no satisfactory apology, so abundant and curious are the materials.

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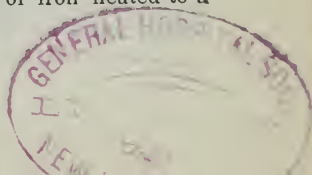
*Naphtha in Consumption.*—D. Wilson, Esq., surgeon, of London, in a communication in the *Lancet* of June 3, corroborates the reports of benefit derived from the use of naphtha in consumption, as published by Dr. Hastings and copied into this Journal a few months since. One case is related, which certainly shows a very favorable result up to the date of the communication. Ten drops of naphtha three times a day were ordered, to commence with, to be gradually increased to twenty drops. Several cases, he says, were progressing most favorably. He has found, as stated by Dr. Hastings, that the wood or rectified naphtha is greatly superior to the coal naphtha.

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*Erysipelas in New Hampshire.*—A physician in New Hampshire, of much experience, gives us some encouragement to hope from him an account of the epidemic erysipelas which has prevailed extensively in that State, as well as in so many other places. We trust he will find time to do it, as we have no doubt that it would be acceptable both to readers residing in places where the disease has, and where it has not appeared. He says, in a note—"Should it appear in your quarter of the same type as with us, you will soon find the lancet, even in the later stages, the sheet anchor."

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*Dogs in the Streets.*—The Paris police has issued orders to its officers, to kill all dogs found in the streets, in contravention of the ordonnances that have been previously published. The Board of Health has also posted up the following advice to persons who may be bitten by a dog supposed to be mad: "Instantly upon receiving the bite, let the part be compressed all round, so as to force out the blood and venom. (Cupping would be better still). The wound should then be washed with volatile alkali diluted with water, or with lye, or soap and water, lime water, or salt and water; or in case none of these should be at hand, with urine, or even plain water. It (the wound) should afterwards be burned with a piece of iron heated to a white heat."





*Treatment of Hydrocephalus—Diseases in New Orleans.*—The reader will find an interesting case, in to-day's Journal, in which hydrocephalus was successfully treated by bandage, blisters, &c. The writer will please accept our thanks for his favor; and we wish that other physicians and surgeons in that city might be induced to record in our pages some of the results of their practice.—Abscess of the liver, we understand, which is a common complaint there, has been cured by one of the principal surgeons, in several instances, by an operation discharging the pus—some account of which we hope may hereafter be furnished for this Journal.—Several well-marked cases of yellow fever had occurred in New Orleans previous to the 13th ult.—The influenza was quite prevalent, many hundreds having been attacked with it, but few with any great severity.

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*The Plea of Insanity in Criminal Cases.*—The July No. of the British and Foreign Medical Review contains a long article on this subject—being a review of several important works on homicidal insanity, which have lately issued from the London press. The subject, at all times interesting, has acquired additional interest from the occurrence of recent cases in England and in this country. The researches of the writers alluded to seem to show that the views of judges and lawyers are wholly unsettled on the subject. We make one short extract, having reference to this point. Other extracts may be given hereafter.

“The only conclusion to be derived from an examination of these authorities, is that, in cases of insanity, ‘the law looks to the capability of distinguishing between right and wrong; of the person knowing that the crime of which he stands accused is an offence against the laws of God and man.’—In plain language, the conclusion amounts to this: that if a man knows that what he is doing is contrary to law, he is responsible for the act, otherwise not: right and wrong must then here stand, as Lord Brougham has suggested, for legality and illegality. The difficulty lies, however, in applying such a test. How are we to discover what a man's views are of the legality or illegality of the act which he is perpetrating? We cannot take it from his confession; and if we take it from circumstances, we are very liable to be deceived. Bellingham did not admit that he had done wrong in shooting Mr. Perceval; and there was every reason to believe that he was insane: he was, however, convicted and executed. Martin, the incendiary, admitted that he knew he was doing wrong, according to the law of man, when he set fire to York Cathedral; he knew that the act was illegal, but he said he had the command of God to do it. There was no doubt that it was perpetrated under a delusion, and he was acquitted. Thus, then, it appears from this case that a man may have a full conviction that the act which he is perpetrating is illegal, and yet be held irresponsible. Some homicidal monomaniacs have committed murder, in order that they might suffer death according to law, considering that they were forbidden to destroy themselves. They must, in these cases, have been fully aware that the crime which they were about to perpetrate was contrary to law, and have actually looked forward to the punishment which they conceived would deservedly follow the offence. The case of Hadfield, who was tried for shooting at George III., furnishes another striking example of the existence of insane delusion, coupled with a knowledge of the consequences of the act which he was

about to commit. He knew that in firing at the king he was doing what was contrary to law, and that the punishment of death was attached to the crime of assassination; but the motive for the crime was that he might be put to death by others; he would not take his own life. The legal test, then, here falls short of what is necessary for justice. A consciousness that the act committed is contrary to the law of God and man may exist, and yet the person be held irresponsible. Hence this mode of testing criminal responsibility, without taking into consideration numerous other circumstances, is incorrect. Cases occur in which it is impossible to act upon it."

*New Treatment of Pleurisy.*—The following is a process adopted by Dr. Turck, of Plombieres, for curing pleuro-bronchitis, and which, in one case at least, has been attended with the happiest results. A man, aged 50, of a sanguine temperament, fat, and usually enjoying good health, caught a cold which terminated in a pleurisy, there being violent pain on the left side of the chest, greatly augmented at each movement of inspiration, and rendered intolerable by coughing; pulse full, hard, and 120 per minute, &c. Notwithstanding the vigorous constitution of the patient, Dr. Turck eschewed all depletory measures, or purgatives, and administered internally only a placebo mixture containing a small quantity of opium. He, however, ordered an alkaline lotion composed of caustic soda, with camphorated spirit, turpentine and oil, with which the surface of the body was to be washed, in order to secure an abundant acid perspiration! and an open vessel was placed on either side of the bed, into which every half hour was thrown some fresh ammonia, which should volatilize and impregnate the respired air. According to Dr. Turck, ammonia acts on the skin and on the mucous membrane of the lungs in a diametrically opposite manner, being as powerfully sedative on the latter as actively stimulant to the former; and in this way he supposes proximity to stables (in which much ammonia is generated) to have proved beneficial to phthisical patients. However this may be, it is stated that in the above case, the treatment of which began early in the morning, "after the first hour an abundant perspiration broke out, which lasted all the forenoon. At noon there was neither fever nor cough, nor any pain in the chest. Two hours afterwards, fever re-appeared with double violence, the pulse beating 140 per minute, and delirium ensued, but unattended with either pain or cough." Dr. T. attributed this to the too long-continued employment of the strong alkaline lotion, for which he at once substituted embrocations of plain oil. At 10, P. M. of the same day, the patient was completely cured of both his pleuro-bronchitis, and the ill effects which had ensued during the treatment.—*Gazette des Hopitaux.*

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DIED,—At Perry Centre, N. Y., Dr. Jabez Ward.—In Dedham, Mass., Dr. Simeon B. Carpenter, 42.

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Number of deaths in Boston, for the week ending July 29, 42.—Males, 21—Females, 21. Stillborn, 2. Of consumption, 5—influenza, 2—inflammation of the lungs, 1—hooping cough, 1—tumor, 1—disease of the womb, 1—scrofula, 1—inflammation of the bowels, 2—teething, 1—pleurisy fever, 3—rheumatic fever, 1—bleeding at the lungs, 1—epilepsy, 1—drowned, 2—inflammation of the gaul, 1—scarlet fever, 2—infantile, 2—child-bed, 1—disease of the heart, 1—lung fever, 1—dropsy on the brain, 1—stoppage in the bowels, 2—cholera infantum, 1—throat distemper, 1—suicide, 1—erysipelas, 1—typhus fever, 1—old age, 1.

Under 5 years, 13—between 5 and 20 years, 6—between 20 and 60 years, 17—over 60 years, 6.





*Suppression of Hæmorrhage at the Gum.* By THOMAS EMBLING, Esq.—The following case, illustrative of the great difficulty often experienced in stopping hæmorrhage from the minute maxillary arteries after the extraction of a tooth, will also show the efficacy of a simple method of cure in such cases, when pressure can be positively applied to the mouths of the bleeding vessels.

I was sent for some time back to a lady, who, on the preceding evening, had a tooth extracted by a dentist, and whose gum had continued to bleed profusely from the time of the removal of the tooth until I saw her, being a period of about eight hours.

I found the mouth filled by coagula, and a perpetual dripping of arterial blood escaping from the mouth. A variety of remedies had suggested themselves to the patient and her friends, but none had at all subdued the bleeding. On clearing the mouth thoroughly from the coagula, I observed that in the extraction of the tooth (the third molar of the upper jaw) the dentist had broken off a considerable portion of the alveolar process, leaving a point of bone sticking out in the hole which had been thus made. A large piece of the gum had been also torn away. Several minute arteries were bleeding freely in the gum. I employed all the usual remedies adopted in such cases, but none of them, neither lunar caustic, nitric acid, nor the actual cautery, effected a cessation of the hæmorrhage.

After using such remedies as I could devise for three or four hours, I tried the effect of compressing the part between the finger and thumb. This produced great nausea and vomiting at first, but having no other agent upon which I could at all depend, I determined to try the effect of long-continued pressure upon the mouths of the bleeding vessels. Of course, during the immediate pressure of the finger and thumb, no hæmorrhage could occur, as the part allowed a direct application to the open vessels; but at the end of an hour there was very slight, if any, diminution of the hæmorrhage; in another hour, however, the decrease of hæmorrhage was decidedly perceptible; in a third hour still greater improvement was evident, and by five hours and a half after I first employed pressure the hæmorrhage had ceased entirely.

For some weeks the gum was extremely tender, but gradually the tenderness has passed off, although at the present time the spicula of bone which was left of the alveolar process (for I did not deem it prudent at all to increase the loss of bone) is very painful when pressed upon suddenly and violently.—*London Lancet.*

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The notable grammarian, Dumergue, being confined to his bed with an abscess of the throat which threatened immediate suffocation, was attended by a provincial physician who, in his bad *patois* in a phrase of an equally ungrammatical kind with the following:—"If you *doesn't* take what I send you, do you think?"—"And do you think?"—screamed Dumergue, starting up with indignation, "is it not enough that you poison me with your physic, but that you must come to embitter my last moments with your bad grammar? Get out." The sudden violence of the effort gave issue to the abscess; and the grammarian who had benefited little by the medicines of the practitioner, was saved by his bad French.—*Id.*













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